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ABSTRACT

Because of their comprehensive approach, Head Start programs can stimulate new linkages with a variety of service providers. This book contains both abstracts and detailed interagency agreements between Head Start program staff in the Department of Health and Human Services, and federal, state, and local programs. Interagency agreements in the broad areas of education, employment training, health, housing, child care, population data, public transportation safety, special needs children, and volunteers are included. Within these broad categories are more specific agreements, such as contracts with the Library of Congress and the U.S. Department of Transportation. Descriptions of agreements include purpose, background, activities, and areas of responsibility. (BGC)

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Head Start Interagency Agreements and Other Significant Partnerships

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Department of Health and Human Services
Administration for Children and Families
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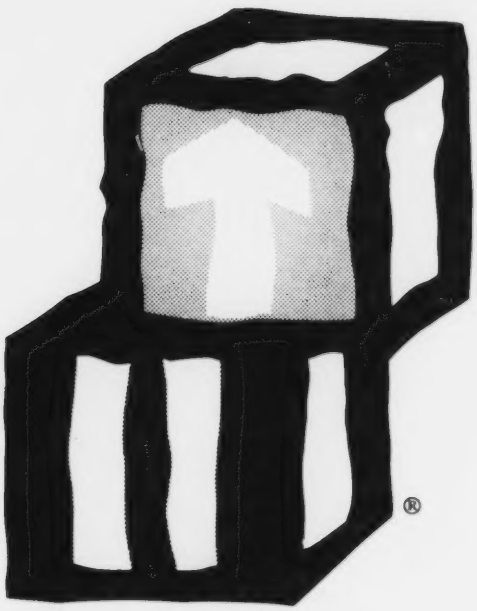
Head Start Bureau

Head Start Interagency Agreements

and

Other Significant Partnerships



Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

This publication does not contain the entire contents of the Head Start Interagency Agreements or other significant partnerships. For more detailed information on these agreements, contact:

Head Start Bureau
PO Box 1182
Washington, DC 20013

April 1995

SUBJECT AREAS OF INTERAGENCY AGREEMENTS/PARTNERSHIPS

- EDUCATION
  - Library of Congress
  - Studies/Research
  - Transition
- EMPLOYMENT TRAINING
  - CDA
  - JOBS
- HEALTH
  - Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
  - Nutrition/Food
  - Sanitation/Safety
  - Specialized T/TA
  - Substance Abuse Prevention
- HOUSING/CHILD CARE
- POPULATION DATA
- PUBLIC TRANSPORTATION SAFETY
- SPECIAL NEEDS CHILDREN
- VOLUNTEERS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

APR - 7 1995

Dear Head Start Colleague:

It is with pleasure that I share with you this booklet on Head Start Interagency Agreements and other Significant Partnerships. These collaboration initiatives illustrate the kind of partnerships the Advisory Committee on Head Start Quality and Expansion envisioned when it encouraged Head Start to assume a central role in creating and expanding linkages with other federal, state, and local programs.

Head Start programs, because of their comprehensive approach, can serve as a mechanism for stimulating new linkages with a variety of service providers in a community. Given that we are in the midst of major reform efforts, I would like you to take this opportunity to review some of our past cooperative efforts described in this publication. I know for a fact that many of you have reached out and forged excellent working relationships within your own communities, resulting in major reforms and better quality services for low-income children and families. I now strongly encourage you to pursue even greater challenges by assuming a leadership role in developing partnerships that will contribute to the well-being and productivity of our Head Start children and families.

Sincerely,

Helen H Taylor

Helen H. Taylor
Associate Commissioner
Head Start Bureau

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HEAD START FEDERAL INTERAGENCY AGREEMENTS/PARTNERSHIPS
ABSTRACTS

EDUCATION

Library of Congress

- **July 1994--Head Start Bureau and the Library of Congress (FY 1992, with amended agreement in 1994)**
  Agreement supports the Center for the Book, Library of Congress, to promote family literacy through the development, production, and demonstration of a training resource package for Head Start grantees in how to partner with community libraries to improve outreach efforts with low-income children and their families. In addition, the skills and resources of public libraries are made available to the Head Start program staff to strengthen their efforts to address illiteracy. The 1994 Amendment adds another feature to this initiative, that of including a third "partner," the Association of Youth Museums, which will increase the potential for resources of a special cultural and historical nature to be made available to Head Start children and families.

Studies/Research

- **March 1994--Head Start Bureau and the National Center for Education Statistics (NCES), Office of Educational Research and Improvement (OERI), Department of Education**
  Memorandum of Understanding provides for the participation of Head Start in the conduct of a formal longitudinal study.

- **January 1991--Head Start Bureau and the Office of Educational Research and Improvement Agency, Department of Education**
  Agreement is designed to provide an opportunity for the two agencies to engage in joint activities needed to strengthen linkages between Head Start and other early childhood programs and elementary schools. The activities are intended to sustain the developmental gains children achieve through Head Start and early programs. These include: 1) national policy symposia, 2) regional policy meetings, 3) technical assistance to local and State educational agencies, and 4) assessment of activities. Using this approach, the Head Start Bureau believes that gains from early childhood programs can be preserved to a greater degree if more attention is devoted in the primary grades to the unique strengths and needs of children from Head Start and similar preschool programs and if parents as facilitators of their children's education continue to be encouraged and involved. It is expected that promising transition approaches or models utilizing these and other ideas will be identified through the annual symposia, Regional meetings, and other sources.

EMPLOYMENT TRAINING

CDA

- **October 1985--Head Start Bureau and Employment and Training Administration, Department of Labor**
  Agreement facilitates the use of resources from the Job Training Partnership Act (JTPA) for the training and assessment of child care providers, including Head Start staff. The intent of the agreement is to enable more child care programs to receive CDA training and assessment leading to the award of the CDA credential. With this agreement, State and local training, child care, and JTPA programs are able to develop new ways of combining services and resources that are more suitable for meeting their needs. As a result of combining resources in innovative ways, an expected benefit is that an increased number of classroom teachers, teacher aides, home visitors, infant and toddler caregivers, and family day care providers would be able to earn the national CDA credential.

JOBS

- **December 1991--Collaboration between Head Start and JOBS, Department of Labor**
  Head Start programs are encouraged to use JTPA programs as resources for parents of Head Start-enrolled children who are in need of job training and employment services. This initiative is designed to utilize Head Start sites for JOBS training and employment, to promote the efficient coordination of Head Start "wrap-around" arrangements, and to provide child care services under Title IV-A for parents receiving AFDC who participate in JOBS or who are working. Through this collaboration, Head Start receives a potential pool of JTPA eligible participants and also provides potential participants with a built-in support system.

HEALTH

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- **October 1980--Head Start Bureau and the Health Care Financing Administration (HCFA), DHHS** *(Currently being updated.)*
  Agreement facilitates collaboration between the Bureau and the EPSDT program of HCFA to ensure that available health services are received by eligible Head Start children and families. This coordination would also ensure that the families are linked to an ongoing health care system after the children leave Head Start. Training will be provided to local Head Start staff so that they can become familiar with the EPSDT program's services and eligibility guidelines.

Specialized T/TA

- **July 1990 -- (Amended yearly, through 1995)--Head Start Bureau and the Indian Health Service, Public Health Service**
  Agreement includes provision to provide health training, technical assistance, and monitoring to all Head Start programs funded by the American Indian Program Branch and selected grantees in Alaska; setting up of linkages between Head Start children and families and health care providers, with emphasis on Medicaid; and developing, implementing, and evaluating special health initiatives such as interdisciplinary health promotion/disease prevention projects in Alaska.

- **August 1984 -- (Updated through 1993) -- Head Start Bureau and Migrant Health Program, Bureau of Health Care Delivery and Assistance, Health Resources and Services Administration, DHHS**
  Agreement supports the coordination of policies at the national level to enable local Migrant Head Start programs and Migrant Health Projects to strengthen their working relationships and foster improved coordination to assure the availability, accessibility, and quality of health care screenings, physicals, diagnostic services, treatment, and follow-up care for the children, in accordance with the requirements of the Head Start Performance Standards. The goal of the agreement is to ensure that joint planning and funding of health services is assured for migrant children by both program offices.

- **April 1983 (Updated through 1993) -- Head Start Bureau and the Health Resources and Services Administration, Public Health Service, DHHS**
  Agreement enables the PHS to provide training and technical assistance in support of the Head Start medical, dental, nutrition, and mental health services. All grantees funded through Regions I through X, and the Migrant Head Start Programs, would be eligible for this on-site assistance. Provision is also made to continue and build on linkage efforts with local health care providers, especially through the development of regional, State, and local networks to enhance coordination.

Nutrition/Food

- **May 1994--Head Start Bureau and Food and Consumer Services, USDA**
  Agreement provides for the publication and dissemination of nutrition education materials entitled "Padres Hispanos En Accion," and the conduct of training workshops for staff and parents of Head Start programs having high levels of enrollment of Hispanic children. The resource materials will be used by USDA state-level, bi-lingual, predominantly Hispanic trainers to address the low rate of preventive health care among the Hispanic population, often resulting from language and cultural barriers, limited health insurance coverage, poor transportation, and geographic inaccessibility.

- **June 1994--Head Start Bureau and Food and Nutrition Service, USDA**
  Agreement provides for a study that will identify overlapping program standards, potential areas of collaboration, and potential barriers to coordination. In addition, it will also: a) identify and briefly describe innovative current efforts of Head Start and WIC programs working together at the local level to better meet the needs of low-income children and families and b) develop a technical assistance manual which will provide local WIC and Head Start program staff with information on potential areas of collaboration.

- **September 1993--Head Start Bureau and Food and Nutrition Services (FNS), USDA**
  Agreement enables ACYF to participate in a study of the Child and Adult Care Food Program (CACFP). FNS will study the nutritional aspects of the child care component of the CACFP. Head Start support will be used to increase the sample of Head Start centers in the study, and to compare how well Head Start centers are meeting the Dietary Guidelines in relationship to non-Head Start centers. FNS has been an important partner with Head Start for many years. FNS supplements the Head Start program's food and nutrition resources by reimbursing food costs for eligible children, by supporting direct food service costs such as the salaries of cooks and the purchase of equipment, and by reimbursing the administrative costs for food related expenditures such as the salaries of nutritionists and food service managers. This reimbursement assures that most of the cost of food service in Head Start is borne by non-Head Start resources.

- **October 1994--Head Start Bureau and Supplemental Food Programs Division (SFPD), Food and Nutrition Service (FNS), USDA**
  Agreement will build on the collaborative relationship between the Bureau and the Special Supplemental Food Program for Pregnant Women and Children (WIC) to promote service delivery to eligible participants. Information exchange, nutrition education, and a "Best Practices Guide" will result from this cooperation.

- **May 1989--Head Start Bureau and the Center for Food Safety and Applied Nutrition, Food and Drug Administration, DHHS**
  Memorandum of Understanding promotes coordination between the two agencies in the development of educational materials, training, and special initiatives related to food protection, sanitation, and health promotion for preschool children and their families. The purpose is to achieve greater effectiveness in assuring that feeding programs in Head Start centers conform to Federal food safety and sanitation standards.

- **March 1983--Head Start Bureau and Extension Service, USDA**
  Agreement promotes collaborative efforts between the Bureau and the State Cooperative Extension Service, including the promotion of outreach to low-income families, arranging for referrals to various services and resources available under USDA, developing special nutrition and health initiatives, and designing improved educational programs for Head Start families in health, foods, family life, nutrition, etc.

- **January 1981--Head Start Bureau and the Special Nutrition Programs, USDA**
  Memorandum of Understanding formalizes the designation of the primary source of funding for the service of meals in Head Start centers. This agreement enables Head Start grantees to apply for reimbursement for food and food service costs under USDA's Special Food Service Program (SFSP), based on the authority of the National School Lunch Act, the Child Care Food Program, and the Summer Food Service Program.

Sanitation/Safety

- **September 1993--Head Start Bureau and the Office of Environmental Health, Indian Health Service (IHS), Public Health Service (PHS)**
  Agreement provides for cooperation between the Head Start Bureau and IHS for the Head Start Preschools' Annual Sanitation, Safety, and Maintenance Surveys. IHS will conduct a survey of health and safety hazards in Head Start programs serving American Indian and Alaska Native children. All safety issues and deficiencies will be reported on by IHS to the Bureau. Follow-up surveys, as necessary when hazards or deficiencies are found, will be undertaken by IHS.

Substance Abuse Prevention

- **September 1994--Head Start Bureau and Centers for Disease Control and Prevention, DHHS**
  Agreement supports efforts to develop model policy and programmatic materials for smoke-free environments for low-income children, their families, and staff participating in preschool programs, including Head Start. Collaboration activities will address Healthy People 2000 objectives, and include the conduct of a needs assessment survey of existing tobacco-related policies among preschool programs, development of a resource guide for preschool programs, and evaluation of existing smoking prevention programs.

- **April 1992--Head Start Bureau and Office for Substance Abuse Prevention (OSAP), Public Health Service** *(Collaboration continues through 1995 by the Bureau's funding of 10 local Head Start Target City Grantees)*
  Agreement provides for a variety of collaborative activities to assist Head Start grantees in working with children and their families affected by substance abuse. These joint endeavors include the development and implementation of a Substance Abuse Training for Trainers Curriculum, information-sharing, and partnering between local Head Start programs and OSAP Community Partnership grantees and other programs with services for this population.

- **August 1992--Head Start Bureau with Administration on Developmental Disabilities and the Indian Health Service, Public Health Service**
  Agreement is designed to bring together various professional disciplines and intra-agency resources for improving the capacity of the Aberdeen (South Dakota) Area Tribal Chairmen's Health Board (representing nineteen tribes) to help reduce the incidence of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), and infant mortality in the Aberdeen Area of the Indian Health Service. Through this consolidation of Federal resources and the establishment of a mechanism for prevention efforts, more effective and efficient prevention programs are anticipated, which would contribute to a decrease of common risk factors such as family dysfunction, alcoholism, and adolescent pregnancies, that are associated with high incidence rates of FAS and FAE.

- **May 1991--Head Start Bureau and Office of the Assistant Secretary for Planning and Evaluation (ASPE), DHHS**
  Collaboration will enable the collection of data and information on the characteristics and special educational needs of drug-exposed children in educational settings. This in turn can be developed into training guides for use in inservice and other forms of training by Head Start staff and public school personnel.

HOUSING/CHILD CARE

- **March 1992--Head Start Bureau and Office of Public and Indian Housing, Department of Housing and Urban Development**
  Agreement provides an opportunity for Head Start grantees, Resident Management Corporations, and Resident Councils to compete for demonstration grant funds that can be used for setting up child care centers or family day care homes in or near public and Indian housing developments. The availability of full-day child care services would help facilitate the employability of the parents or guardians of children residing in the housing developments.

POPULATION DATA

- **March 1994--Head Start Bureau and the Bureau of the Census, Department of Commerce**
  Census Bureau makes available to the Head Start Bureau updates of the 1990 decennial census income and poverty estimates, including the estimated numbers of poor children, under six years, for all States.

SPECIAL NEEDS CHILDREN

- **February 1994--Head Start Bureau and the Administration on Developmental Disabilities (ADD), Administration on Children and Families (ACF), DHHS**
  Memorandum of Understanding provides for the development of action plans and joint initiatives by Federal and local field officials which result in improved coordination of ACF and ADD programs and activities. Objectives of this ongoing collaboration are the enhancement in the quality of services made available to children with disabilities, an improved understanding of programs serving children with disabilities between the National Network of Head Start and the Developmental Disabilities Network, and greater integration of the children into the mainstream of society.

- **August 1992--Head Start Bureau and seven Agencies: Social Security Administration, Centers for Disease Control, Maternal and Child Health Bureau, Administration on Developmental Disabilities, Medicaid Bureau, National Institute of Mental Health (DHHS), and Office of Special Education Programs, Department of Education**
  Intent of agreement is to improve access to services for children with disabilities, including those from low-income families. Agencies have pledged to promote the coordination of resources to identify, evaluate, and assess children with disabilities from birth through age five so that they may receive appropriate available benefits and services promptly and effectively. An additional benefit to Head Start grantees is that this collaboration, through available information and training resources, will help them implement a disabilities services plan designed to inform the parents of services and benefits for which they qualify.

VOLUNTEERS

- **June 1994--Head Start Bureau and the Corporation for National and Community Service,**
  This interagency cooperative agreement is designed to address four national priorities at the community level: education, human needs, public safety, and environmental needs. The Head Start Bureau, with grant funds from AmeriCorps, enables several American Indian and migrant farmworker Head Start grantees to support a team of volunteers, selected from their respective communities. The AmeriCorps team members serve these communities which have populations that traditionally have been underserved and isolated. Their work focuses on increasing early childhood development knowledge and skills, and enhancing skills and commitment to long-term community service among the members of the community, especially through activities such as tutoring, improving literacy, and providing basic skills education to the parents of the children.

- **January 1992--Head Start Bureau and the American Psychological Association (APA)**
  Information Memorandum describes a follow-up effort to an initiative begun in 1990 under which APA volunteers were invited to work with local Head Start programs to provide free mental health services to children, families, and staff. This memorandum provides more specific direction to grantees on the types of services the volunteer psychologists may contribute, and encourages contacts with those interested in servicing the local program.

- **January 1990--Head Start Bureau and the Girl Scouts of the United States of America**
  Memorandum of Understanding promotes coordination at the national, regional, and community levels, and encourages recruitment of female graduates of Head Start, as well as their parents, into Girl Scouting. An expected benefit of this collaboration is that the newly recruited Girl Scouts will continue to have opportunities that will enhance their development of self-potential, self-esteem, and social competence.

- **December 1984--Head Start Bureau and the American National Red Cross**
  Statement of Understanding promotes coordination at the national, regional, and community levels, and promotes outreach to low-income families by making available to these families Red Cross programs in health, parent education, and nutrition, and by referring eligible parents to the programs and services of Head Start. Red Cross Chapters and Head Start programs will jointly make arrangements jointly for sharing information about resources, services, health promotion, first aid, child safety, parenting courses, and new initiatives, especially concerning nutrition

OTHER PARTNERSHIPS

Head Start, over the years, has assumed an active role in working with other Federal departments and agencies to bring about an improved understanding among policymakers of the need for comprehensive sysems of family-focused, community-based services for children. While these efforts were not always formalized, some important initiatives were begun and, in fact, are ongoing today. The following examples illustrate some of these collaborations.

- **Administration on Children, Youth and Families, DHHS, and National Highway Traffic Administration, Federal Highway Administration, Department of Transportation**
  Interagency Agreement of February 1990 builds on an earlier agreement of 1986 between the two departments and provides for the setting up of a Federal Council on Transportation Coordination, which would work toward the objective of improving the efficiency and effectiveness of human service transportation services at the Federal, State, and local levels. Council would concentrate on the identification and removal of barriers to coordination of transportation services, and the design of regional coordination initiatives that would better serve the transportation needs of the elderly, low-income, developmentally disabled, and other disadvantaged persons. The work group would also develop proposals for information dissemination, including the sharing and promotion of "best practices" guides, and for new mechanisms and approaches for achieving improved coordination and increased competition within the private for-profit sector. One result of this collaborative effort impacting on Head Start programs was the announcement in an Information Memorandum of 1993, sent to all Head Start programs, of the availability of a state-produced comprehensive pupil transportation safety program, and a statement on new vehicle and driver license requirements.

- **Head Start Bureau, Administration on Children, Youth and Families, Administration for Children and Families, DHHS, and the U.S. Department of Education**
  Formal cooperative efforts were initiated in 1990 and continue to the present time, with focus on improving coordination efforts between Head Start and elementary schools. Goal is to strengthen the transition from Head Start and other preschool programs to kindergarten and early elementary grades so that gains made by the children in these preschool programs can be sustained. One particular approach undertaken is the promotion of more effective strategies to achieve successful transition from Head Start to compensatory education programs, especially Chapter 1 Basic Grants and Even Start. This would entail such activities as more fully involving the community and other social service providers in developing and implementing plans for transition initiatives, in examining and overcoming barriers to effective transition, and in assisting families in the adjustment to public schools.

EDUCATION-Library of Congress

INTERAGENCY AGREEMENT
BETWEEN
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND
THE LIBRARY OF CONGRESS
July 1994

PURPOSE

The purpose of this Interagency Agreement between the United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF) and the Library of Congress (LC), Center for the Book (CFB) is to provide the opportunity to engage in joint activities needed to strengthen both partners' efforts to promote family literacy. This Agreement will support the development, production, and demonstration of a training resource package which will provide specific guidance to Head Start agencies on how they can team with libraries to promote family literacy within Head Start programs. The Agreement will help libraries to reach thousands of young children and families they might not reach otherwise, and will enhance Head Start services by enabling the program to bring the skills and resources of public libraries to bear on its efforts to improve family literacy.

DESCRIPTION OF ACTIVITIES

The Library of Congress, through its Center for the Book staff and through contracts it will award, will conduct four activities designed to develop, produce, and demonstrate the training and technical assistance products and practices which can build Head Start-library partnerships. These activities are:

(1) The Planning Workshop

The LC/CFB will organize and conduct a meeting to bring together approximately 45 leaders from Head Start programs and the nation's leading children's librarians to discuss issues, develop guidelines, and identify the essential content of training materials to be developed under this Agreement. The participants will work to enhance linkages between Head Start programs and library programs through the examination of mutual goals and concerns and the exchange of information. The planning workshop will take place in September 1992 over two and one-half days at The Library of Congress in Washington, D.C. Participants will include representatives from ACYF, CFB, the National Head Start Association, the American Library Association, and other individuals with expertise in Head Start services, family literacy, and library services for young children and their families. The selection of meeting participants and topics will be made by ACYF and LC/CFB.

(2) Publication of a Book Promoting Head Start/Library Partnerships

The LC/CFB will award and manage a contract(s) to produce, edit, and publish 3, 000 copies of a book which will summarize the proceedings of the Planning Workshop and serve as an introduction to the training package (videotape and resource notebook) described below. This book will be designed to be easily understood by the lay person. This book will introduce Head Start staff, library personnel, and family literacy service providers to rationales and strategies for forming Head Start/library partnerships. ACYF will distribute one copy of the book to each of its 1,900 Head Start programs. The LC/CFB will distribute copies to public library systems throughout the nation.

(3) Publication of Training Materials

The LC/CFB will award and manage a contract(s) to produce, edit, and publish training materials which will include a trainer's guide, a resource notebook, and two 20 minute videotapes on how to build and maintain effective Head Start/Library partnerships. The LC/CFB will distribute the trainer's packages, consisting of the trainer's guide, the resource notebook, and the two videotapes, to Head Start Regional Training and Technical Assistance contractors and to library and family literacy organizations with the interest and capacity to conduct training on building Head Start/Library partnerships. ACYF will distribute one implementation package, consisting of one copy of the resource notebook and one copy of each of the videotapes, to every Head Start grantee and delegate agency. The LC/CFB will distribute the implementation package to public library

systems throughout the nation.

(4) Implement Training Through Three State Centers for the Book
Contingent upon the satisfactory completion of the three activities outlined above, as determined jointly by ACYF and LC/CFB, ACYF will have the option of transferring funds to support efforts of State Centers for the Book in three States to implement, during FY 1993, statewide Head Start/Library Partnership training strategies using the materials developed through this Agreement. This activity would be implemented by the LC/CFB using contract consultants and the award of funds to three State Centers for the Book. State Centers for the Book are statewide non-profit or public organizations (most are in State Library Offices) which conduct training and dissemination activities designed to promote reading and library usage. The ACYF will, with LC/CFB, select the three States in which this training would be sponsored. A final report from each State Center for the Book on the implementation of its training strategy would be provided to LC/CFB and ACYF prior to the end of the period for this Agreement.

AREAS OF RESPONSIBILITY

The DHHS will:

(1) Transfer funds to the Library of Congress within 30 days of signature of this Agreement for obligation by the Library to fund the activities described in this Agreement under III (1), (2) and (3), prior to September 30, 1992.

(2) Transfer funds to the Library of Congress within 30 days of receipt of its FY 1993 authorization and the exercise of ACYF's options in this Agreement for obligation by the Library to fund the activities described in this Agreement under III (4) prior to September 30, 1993.

(3) Designate a Project Officer to carry out ACYF's responsibilities and serve as consultant and liaison with the LC/CFB.

(4) Participate in organizational meetings, the planning workshop, and discussions with those State Centers for the Book implementing statewide strategies in FY 1993.

(5) Review, comment, and concur on the plans for this project laid out by LC/CFB.

(6) Review and comment on all quarterly progress reports, quarterly financial reports and annual technical reports from contractors using funds obligated as a result of this Interagency Agreement.

(7) Review, comment, and concur on training and technical assistance (T&TA) products and publications and other materials prior to publication.

(8) Make recommendations to LC/CFB's Project Officer for changes in the contracts with the consultants or product developers as deemed necessary to assure a successful product.

(9) Ensure that the draft training and technical assistance materials receive all appropriate reviews required by DHHS/ACF and that all publications and training materials produced through contracts will be designated to be the property of the Federal government.

The LC/CFB will:

(1) Receive and maintain accountability for DHHS funds transferred to it under this Agreement.

(2) Designate a Project Officer to carry out the LC/CFB's responsibilities and serve as liaison with ACYF.

(3) Monitor the activities that are funded. Inform the ACYF Project Officer in advance of scheduled meetings with contractors and of any anticipated problems or delays in execution of activities.

(4) Provide copies of quarterly and annual technical and financial reports to the ACYF Project Officer. Also provide draft training and technical assistance (T&TA) products and publications to the ACYF Project Officer for review and approval.

(5) Provide an opportunity for the ACYF Project Officer or his/her designee to participate in organizational meetings and in the planning workshop. Work collaboratively with the ACYF Project Officer in selecting participants for the workshop, planning the meeting and material production activities and in generally promoting the achievement of the purpose of this Agreement.

EDUCATION-Studies/Research

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
AND
U.S. DEPARTMENT OF EDUCATION
OFFICE OF EDUCATIONAL RESEARCH AND IMPROVEMENT
NATIONAL CENTER FOR EDUCATION STATISTICS
March 1994

PURPOSE

The purpose of the Memorandum of Understanding is to provide the Department of Education, National Center for Education Statistics (NCES) with a notice of formal intent to participate in their longitudinal study of children's early school experiences (ECLS-K), thus permitting NCES to exercise the option at the time of contract award to conduct the supplemental study of Head Start children. This Memorandum of Understanding precedes the drafting of the Interagency Agreement which will occur by the end of the first quarter of fiscal year 1994. This Memorandum of Understanding and the ensuing Interagency Agreement will enable ACYF to participate in this study.

BACKGROUND

Although there is a conclusive body of data on the short-term effects of Head Start, almost no data exist on the contributions of various aspects of the Head Start program, the characteristics of children and families and their early formal schooling to children's growth and development. Since the major objective of NCES' Early Childhood Longitudinal Study is to describe children's early school experiences and relate those experiences to children's subsequent progress, this study offers Head Start a unique opportunity, in collaboration with NCES, to answer questions about Head Start programs and participants that can only be answered through a longitudinal study.

Since NCES's baseline data collection begins with the kindergarten year, Head Start funds will primarily be used to collect data on a sample of Head Start children and families and their Head Start programs one year prior to their entry into kindergarten. Only Head Start programs which have some children who attend the kindergartens selected for the ECLS-K study will be considered for participation. In addition to collecting data during the Head Start year, Head Start funds would be used to track collecting data from those children who are not selected as part of the ECLS-K sample.

ROLES AND RESPONSIBILITIES OF ACYF HEAD START BUREAU AND OERI NATIONAL CENTER FOR EDUCATION STATISTICS

The ACYF shall:

1. designate an individual who will be responsible for monitoring the Head Start longitudinal study supplement to the ECLS-K. This individual will keep HSB, ACYF, and other parts of the U.S. Department of Health and Human Services informed about the progress of the study. This person will serve as liaison with the NCES project officer.
2. help provide substantive direction to the ECLS-K contractor through the NCES project officer. This will include helping to identify a) the key research questions to be addressed by the Head Start longitudinal study and b) the content outline of the study.
3. provide technical support to the NCES project officer on topics related to the Head Start longitudinal study, including the Head Start program sampling frame, Head Start program and student samples, and study instruments and procedures.
4. review all contractor deliverables for the Head Start longitudinal study and provide the NCES project officer with written comments.
5. depending on satisfactory progress and current priorities, pay all reasonable costs associated with the design and conduct of the Head Start longitudinal study base-year data collection (1996-1997).

Pay all costs associated with tracking base-year participants to kindergarten and all costs associated with collecting data from those children who do not attend the kindergartens sampled for the ECLS-K and who are not sampled into the base-year ECLS-K student sample.

6. serve as a reviewer for proposals to conduct later waves of data collection, i.e., first grade through 5th grade.

NCES shall:

1. direct the work of the ECLS-K contractor, including all work performed on the Head Start longitudinal study.
2. consult with ACYF on matters regarding the Head Start longitudinal study.
3. provide ACYF with copies of the contractor's monthly progress reports.
4. invite the ACYF's project liaison to attend meetings between NCES and the ECLS-K contractor.
5. invite ACYF's liaison to attend all meetings between NCES and the contractor's Technical Review Panel.
6. provide copies of all contractor deliverables to the ACYF liaison requesting written comments.
7. consult with ACYF on any changes to the Head Start longitudinal study or to the ECLS-K that might impact on the former.
8. pay all costs associated with collecting data from Head Start longitudinal study participants who attend sampled kindergarten programs during the base-year of ECLS-K and are selected into the ECLS-K main base-year sample.
9. depending upon availability of funds, conduct follow-up data collection activities on the ECLS-K base-year participants (including Head Start children).

EDUCATION-Studies/Research

INTERAGENCY AGREEMENT
BETWEEN
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND
THE DEPARTMENT OF EDUCATION
January 1991

PURPOSE

The purpose of this Interagency Agreement between the United States Department of Health and Human Services (DHHS), Office of Human Development Services (OHDS), Administration for Children, Youth and Families (ACYF) and the United States Department of Education (ED), Office of Educational Research and Improvement (OERI) is to provide the opportunity to engage in joint activities needed to strengthen linkages between Head Start and other early childhood programs and elementary schools.

These activities are intended to sustain the developmental gains children achieve through Head Start and other early childhood programs. They will be carried out by ED Regional Educational Laboratories, which have experience in developing tools and technologies to improve the quality of education delivery. These Regional Educational Laboratories have been competitively awarded by ED in December 1990 to perform activities described in ED's June 18, 1990 Request for Proposal (RFP-91-002), which is incorporated by reference into this Interagency Agreement.

DESCRIPTION OF ACTIVITIES

The ED, through its Regional Educational Laboratories, shall conduct four activities designed to facilitate the identification, experimentation, evaluation and dissemination of techniques designed to sustain the developmental skills children achieve through Head Start: (1) National Policy Symposia, (2) Regional Policy Meetings, (3) Technical Assistance to Local and State Educational Agencies, and (4) Assessment of Activities.

(1) National Policy Symposia

The ACYF, OERI and the 10 Regional Educational Laboratories shall sponsor an annual National Policy Symposium each year (1991-1993) on early childhood education linkages. Each symposium shall highlight program and research policy issues concerning the relevancy of skills learned in early childhood education programs for preparing children for elementary school as well as other issues which address enhancing these skills once children enter elementary school.

Each symposium will take place over two days in May in Washington, D.C. Participants will include representatives from ACYF, OERI, the 10 Regional Educational Laboratories, the National Association for the Education of Young Children (NAEYC), the National Head Start Association, the Council of Chief State School Officers, the National Governors' Association, the National School Boards Association, and selected education experts and authorities.

The proceedings from each symposium shall be disseminated nationally, in a format suitable for lay people as well as educators and other professional audiences.

(2) Regional Policy Meetings

Each of the 10 Regional Educational Laboratories shall convene a Regional meeting following each National Symposium with Head Start representatives, Regional NAEYC officials, educators, representatives of State and Local Education Agencies, policy makers and other appropriate participants. Participants will work to enhance linkages between early childhood education programs and elementary schools in the Region through the examination of mutual needs and concerns and the exchange of information. Regional meetings will include, but not be limited to, topics discussed at each national symposium.

The selection of Regional meeting participants and topics shall be made by ACYF, OERI and the

appropriate Regional Educational Laboratory. Each meeting will last from one to two days. Proceedings from each meeting shall be distributed to participants and other interested audiences in a format that is easily understood by the lay person.

(3) Technical Assistance to Local and State Educational Agencies

The OERI and ACYF believe that gains from early childhood programs can be preserved to a greater degree if more attention is devoted in the primary grades to the unique strengths and needs of children from Head Start and similar preschool programs and if there is continuing encouragement and involvement of parents as facilitators of their children's education. Therefore, promising transition approaches or models utilizing these and other ideas shall be identified through the annual symposia, Regional meetings and other sources by the Regional Educational Laboratories.

This activity will be conducted only by the five Regional Educational Laboratories in the Mid-Atlantic, Southeastern, Midwestern, Southwestern and Western Regions. Regional Educational Laboratories in these Regions shall provide technical assistance and technology transfer to Local and State Education Agencies using one or more approaches or models.

Reports describing each of these models shall be distributed to public and private agencies and the general education community.

(4) Assessment of Activities

Process and impact assessments shall be conducted on the approaches or models provided in activity (3) above which will provide OERI, ACYF and the Regional Educational Laboratories with reliable and valid information about the effects of the specific approaches or models provided and the extent to which student performance has improved as a result of these approaches or models. Detailed summary reports describing these findings shall be prepared and distributed to appropriate audiences.

AREAS OF RESPONSIBILITY

The DHHS shall:

(1) Transfer "funds" in FY 1991, with an option to transfer "funds" each in FY 1992 and FY 1993, to ED in order to fund ten Regional Educational Laboratories.
(2) Designate a Project Officer to carry out DHHS responsibilities and serve as consultant and liaison with the ED.
(3) When possible, participate in organizational meetings, the national symposia and selected Regional meetings each year.
(4) Review and comment on the plans for this project laid out by ED and its Regional Educational Laboratories.
(5) Review and comment on all quarterly progress reports, quarterly financial reports and annual technical reports.
(6) Receive draft research, demonstration and evaluation (RD&E) products and other materials for review and comment prior to publication in accordance with Section IV.C, Quality Assurance plan, of the above referenced Request for Proposal (RFP-91-002).
(7) When possible, accompany the ED Project Officer during on-site monitoring of the Regional Educational Laboratories.
(8) Make recommendations to ED's Project Officer for changes in the contracts with the Regional Educational Laboratories as deemed necessary to assure successful transition activities.

The ED will:

(1) Receive and maintain accountability for DHHS funds transferred to it under this Agreement.
(2) Designate a Project Officer to carry out the ED's responsibilities and serve as liaison with DHHS.
(3) In accordance with RFP 91-002, competitively award the transferred funds to Regional Educational Laboratories in each of the ten regions to conduct the early childhood education activities described in Section III, "Description of Activities," of this Agreement.
(4) Monitor the activities that are funded. Inform the DHHS Project Officer in advance of scheduled

site visits to Regional Educational Laboratories so that he/she may consider participating in such visits.

(5) Provide copies of quarterly and annual technical and financial reports to the DHHS Project Officer. Also provide draft research and demonstration (R&D) products and publications to the DHHS Project Officer for comment as part of the Quality Assurance Plan specified in RFP 91-002 (Section IV.C of the Statement of Work).

(6) Provide an opportunity for the DHHS Project Officer or his/her designee to participate in organizational meetings and in the national symposia and Regional meetings. Work collaboratively with the DHHS Project Officer in planning these activities and in generally promoting the achievement of the purpose of this Agreement.

EMPLOYMENT TRAINING-CDA

INTERAGENCY AGREEMENT
BETWEEN
HEAD START BUREAU, ADMINISTRATION FOR
CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
EMPLOYMENT AND TRAINING ADMINISTRATION,
DEPARTMENT OF LABOR
October 1985

PURPOSE
The purpose of this interagency agreement is to coordinate the use of resources from the Job Training Partnership Act (JTPA) and Head Start and other child care programs to address the need for improving the skills of child care providers in this country. The intent is to enable more child care providers, working in Head Start and other child care programs throughout the country, to receive Child Development Associate (CDA) training and assessment leading to the award of the CDA Credential through the utilization of JTPA support.

BACKGROUND
There is a clear need to improve the quality of child care services in this country. The need is rapidly growing as more and more women enter the labor force thereby increasing the demand for qualified child car providers.

Most child care staff, whether working in child care centers or family day care homes, receive little or no training prior to assuming responsibility for young children. The vast majority of child caregivers are women, many are themselves single family heads of households and most have earnings that place them below the poverty line. They are an economically disadvantaged group of workers.

The Federally supported Head Start program is a comprehensive child development program for low income families authorized by the Human Services Reauthorization Act of 1984, P.L. 98-558. The Administration for Children, Youth and Families (ACYF) administers Head Start through 1,281 community -based organizations. Grants are awarded by the Department of Health and Human Services' Regional Offices. Over 450,000 children are served annually in 21,000 classrooms and home-based programs. Many of the staff are themselves low income individuals and less than one-third have teaching credentials recognized by the child development profession.

There is a national program that can be utilized to improve the skills of child care providers. The Child Development Associate (CDA) program provides a national system for training, assessing and credentialing child care providers. Since its inception in 1971, the CDA program has represented a collaboration between the early childhood profession and the Department of Health and Human Services. The first CDA credential was awarded in July 1975. Within ten years nearly 17,000 individuals have earned a CDA credential, affecting nearly 750,000 young children and allowing one-quarter million parents to participate in the assessment of the teacher of their preschool age children. Fifty percent of the States have incorporated the CDA credential into their child care licensing requirements.

The Job Training Partnership Act (P.L. 97-300) provides job training and related assistance to economically disadvantaged individuals and others who face significant employment barriers. JTPA encourages the development of quality training and employment programs. The ACT mandates that 70% of the funds must be spent on training, including the assessment and placement of trainees.

An important feature of the Job Training Partnership Act is its emphasis on serving individuals who are economically disadvantaged. The Act also allows up to 10% of the local participants to be non-

disadvantaged individuals who may be faced with other employment barriers such as being teenage parents, school dropouts or handicapped.

ACTIVITIES UNDER THIS AGREEMENT

Through this interagency agreement, the Department of Labor and the Department of Health and Human Services will join forces to address the need for qualified child caregivers.

A. The Employment and Training Administration (ETA) will:
   1. ALERT THE JTPA TRAINING AND EMPLOYMENT SYSTEM AT THE STATE LEVEL to the potential of providing training and assessment for child care staff under the Job Training Partnership ACT (JTPA). Child care staff are those individuals who instruct parents in child care centers, family day care homes, or the children's own homes for some portion of the day.
   2. ENCOURAGE THE STATES to bring to the attention of the Service Delivery Areas (SDA's) that there is a demand for trained and credentialed child caregivers and the possibility of providing training and assessment services under JTPA to meet this demand.
   3. INFORM THE STATES of the Department of Health and Human Services' interest in developing models at the local level that will demonstrate ways in which Head Start and JTPA programs can work together to meet the demand for adequately trained, assessed and credentials child care staff nationwide

B. The Office of Human Development Services (OHDS) will:
   1. PROVIDE INFORMATION about this agreement to the child care community. This includes State licensing offices, colleges of early childhood education, institutions providing CDA training, Head Start programs and national organizations. In addition, OHDS will publicize the agreement through its publications.
   2. FUND MODELS at the local level to demonstrate ways in which Head Start and JTPA programs can work together.
   3. ENCOURAGE HEAD START GRANTEES to increase the percentage of staff that have received CDA training, assessment and credentialing. This will include encouraging Head Start programs to make differential salary increases for credentialed staff.
   4. CONTINUE TO SUPPORT THE CDA PROGRAM by working with the child development profession to build the capacity of CDA to provide services to a broader cross-section of child care providers.

C. ETA and OHDS will jointly:
   1. ASSIGN SENIOR STAFF to serve in a liaison capacity to monitor progress under this agreement.
   2. MEET PERIODICALLY to review the progress achieved under this agreement.
   3. COOPERATE IN PREPARING PUBLIC INFORMATION RELEASES regarding Head Start and JTPA collaboration.
   4. ASSESS ACCOMPLISHMENTS AND PROBLEMS encountered and explore future plans regarding JTPA and Head Start collaboration at the Federal and local levels, following the end of fiscal year 1986.

EMPLOYMENT TRAINING-JOBS

INFORMATION MEMORANDUM
COLLABORATION
BETWEEN
JOBS AND HEAD START
December 1991

Cross-reference note: The content of this issuance is identical to JOBS-ACF-IM-91-5, distributed by the Office of Family Assistance to State IV-A Agencies, Indian Tribes and Alaska Native Organizations Responsible for Administering the Job Opportunities and Basic Skills Training (JOBS) Program under titles IV-A and IV-F of the Social Security Act

PURPOSE

To provide information on a Federal initiative to coordinate the Job Opportunities and Basic Skills Training (JOBS) program and Head Start. This initiative has three objectives: to utilize Head Start sites for JOBS training and employment, to promote the efficient coordination of Head Start and JOBS resources, and to promote the creation of Head Start "wrap-around" arrangements to provide child care services under title IV-A for parents receiving Aid to Families with Dependent Children (AFDC) who participate in JOBS or are working.

BACKGROUND INFORMATION

OFA and ACYF within the Administration for Children and Families (ACF), have developed an initiative to coordinate Head Start and the JOBS programs. ACF hopes to spur local partnerships between Head Start programs and IV-A agencies that will provide for a comprehensive array of services for parents who are involved with both programs. By coordinating these two programs, the likelihood that participating families will achieve success and self-sufficiency can be increased.

Clearly, there are complex issues which must be addressed and negotiated in forming local Head Start and JOBS partnerships. Through this Information Memorandum, ACF hopes to articulate the policy issues and set the context in which these partnerships can be created. ACF urges each of you to consider the policy issues discussed below, and to identify where they present opportunity for local coordination. Our in-depth analysis of JOBS and Head Start policies has convinced us that such opportunities exist in abundance.

Head Start, operating in nearly 2,000 communities, can play an integral part in ensuring the success of JOBS, an education, training, and employment program for AFDC recipients. Approximately one-half of all Head Start parents are AFDC recipients and are, therefore, potential participants in the JOBS program.

The Family Support Act of 1988 (the Act) shifted the primary purpose of the AFDC program from providing cash assistance to helping welfare recipients become employed and self-sufficient. The Act, which created the JOBS program, required all States to implement the JOBS program by October 1, 1990.

Final regulations implementing the JOBS program under Title II of the Act and child care under Title III of the Act were published on October 13, 1989 (45 CFR Parts 250, 255, and 256).

These regulations provide detailed information about the conditions under which individuals may be required to participate or be considered exempt from the program. Three specific provisions related to JOBS participation should be noted:

1. Parents whose youngest child is age three or older (or at State option, age one or older) may be required to participate in JOBS;
2. Parents or other caretaker relatives who are personally providing care for a child under age six may not be required to participate in JOBS for more than 20 hours a week.
3. Custodial parents under age 20 who have not completed high school are required to participate in educational activities regardless of the age of their youngest child. The State may require full-time

participation of such parents in educational activities.

GUIDANCE
This Information Memorandum provides guidance related to the three objectives of this initiative.

Develop Head Start as a Training and Employment Site
In order to accomplish this objective, ACF is encouraging IV-A agencies and Head Start grantees to explore the use of JOBS funds for Child Development Associate (CDA) training of JOBS participants. JOBS funds can supplement the CDA scholarship funds which support the assessment, but only a limited amount of training for CDA candidates. JOBS funds can also supplement Head Start Training and Technical Assistance funds, which can support training and assessment of CDA candidates who are Head Start employees.

The CDA is the only national early childhood credential award program in the United States. The CDA credential is based on competency standards and an assessment system for center-based staff working with preschoolers or infants and toddlers, family day care providers, and home visitors. A bilingual specialization is also available.

Forty-nine States and the District of Columbia list the CDA credential in their child care licensing regulations as a qualification for teaching staff and/or directors. In FY 1990 5,500 credentials were awarded by the CDA National Credentialing Program.

The combined JOBS and CDA resources provide an opportunity to expand the population of CDA-certified individuals during a time of increased demand for Head Start staff and for personnel in other child development and child care programs. The use of JOBS funds for CDA training can also provide new and broader employment opportunities for parents of Head Start children and other AFDC recipients in the local community.

To further support this effort, Head Start grantees may set aside some of their T/TA funds dedicated to CDA training for Head Start parents who are JOBS participants. In exploring the use of JOBS funds for CDA training, IV-A agencies and Head Start grantees should keep in mind that JOBS funds must supplement, but not supplant, current resources dedicated to this purpose.

Head Start programs can also provide training and employment opportunities in related fields, such as nutrition and transportation. Many of these fields offer career ladders leading to higher wages, the possibility of self-employment, and flexible working hours which may be well-suited to the personal and family situation of some JOBS participants.

Collaboration around training and employment should prove beneficial to both IV-A agencies and Head Start grantees. For example, through on-the-job training, an optional component of the JOBS program, an employer hires a JOBS participant and is reimbursed for up to 50% of the wages paid to the individual during a specified training period. Another optional component is Work Supplementation, where the JOBS program subsidizes, through diversion of the AFDC grant, part of the participant's wages. It should be noted that some restrictions on the use of these mechanisms may apply in specific situations.

Encourage the Efficient Coordination of Head Start and JOBS Resources
Both Head Start grantees and IV-A agencies can benefit from the development of agreements that facilitate the coordination of services and efficient utilization of resources when parents participate in JOBS and Head Start. For example, local agreements could result in the IV-A agency caseworker being housed part-time in the Head Start center, Head Start and the IV-A agency sharing case management responsibilities, Head Start social service staff providing JOBS case management or assessment through contractual arrangements, and other formal arrangements focusing on recruitment, orientation, literacy, and adult educational services. In developing such arrangements, relevant regulations found at 45 CRF 250.10 concerning State IV-A agency responsibility for administration of the JOBS program should be

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consulted.

Promote the creation of Head Start "wrap-around" arrangements to provide child care services under title IV-A for parents who participate in JOBs

States must guarantee child care for AFDC parents who are required to participate in a JOBS activity or who are employed. Although most Head Start programs provide part-day services that total 20 hours per week, some parents' JOBS schedules and the Head Start schedule may not correspond. Other JOBS participants will obtain jobs or enroll in training/educational programs that exceed 20 hours per week. Therefore, extended-day child care arrangements may be required to accommodate the parents' JOBS or employment schedule. As Head Start is a program designed to meet family needs, Head Start should help to broker child care services or provide extended-day services through a "wrap-around" or other arrangements.

The Omnibus Reconciliation Act of 1990 provided for two new child care programs which are now administered by the Administration for Children and Families: the Child Care and Development Block Grant and the At-Risk Child Care program.

These programs offer new opportunities for coordination and wrap around, and future guidance will address such collaboration.

ADDITIONAL DISCUSSION

The following discusses three areas of concern: (1) maintenance of effort issues as they relate to IV-A/IV-F requirements; (2) issues related to billing and reimbursement for child care slots; and (3) issues related to multiple funding sources accessed by Head Start grantees.

(1) Maintenance of effort

The regulations related to maintenance of effort in JOBS are located at 45 CFR 250.72. The Administration for Children and Families issued policy guidance with respect to this subject in an Action Transmittal, JOBS-FSA-AT-91-2, dated February 27, 1991. It stated that, with the exception of counting certain child care expenditures in the determination of a State's FY 1986 level of effort for programs with JOBS-like aims, the regulatory provisions regarding maintenance of effort in JOBS do not apply to child care expenditures under section 402(g) of the Social Security Act.

However, in light of the Congressional intent of JOBS and the recent increases in Head Start funding, child care funds under section 402(g) of the Act may not be used to pay for child care that coincides with the regular Head Start program. However, section 402(g) funds can be used to pay for child care that is "wrapped-around" the regular Head Start day.

(2) Purchase of wrap-around child care slots

A State IV-A agency may pay for the actual cost of child care up to the local market rate, but not more that the statewide limit. Local market rates are set at the 75th percentile cost of care, by type of care. IV-A agencies may have local market rates for part-time care, if appropriate. In general, the IV-A agency should handle part-time care by a Head Start grantee no differently than any other part-time arrangement. Title IV-A funds may be used to pay for child care in Head Start settings for that period of the day that an AFDC child is not enrolled in Head Start services.

Since the IV-A child care programs pay for child care only when child care services are actually being utilized, a child must be enrolled in an attending a child care program in order for payment to be made. Therefore, IV-A agencies may not pay for unfilled child care slots. However, they may allow for a minimal number of individual absences, based on the State's overall policy regarding paying for absences.

The Head Start grantee and IV-A agency should explore various financing arrangements to identify the one which best meets the needs of the Head Start grantee regarding cash-flow and resource management. The best arrangement may involve the development of a "purchase of child care services" contract between

the IV-A agency and the Head Start grantee. Such a contract may allow for reasonable absences as determined by the State. The hours of child care must be reasonably related to parental attendance at an approved JOBS education or training program, or employment. A parent must continue in such a program in order to allow for child care reimbursement.

In developing such financing arrangements, it is helpful to remember that IV-A child care regulations do allow for reimbursement for child care even when parents are experiencing a break in their participation in a JOBS activity. 45 CFR 255.2(d) provides that:

"The State IV-A agency may provide for child care and other necessary supportive services for an individual who is waiting to enter an approved education, training, or JOBS component or employment:

(1) For a period not to exceed two weeks; or

(2) For a period not to exceed one month where child care (or other services) arrangements would otherwise be lost and the subsequent activity is scheduled to begin within that period."

HEALTH-EPSDT

INTERAGENCY AGREEMENT
BETWEEN
THE HEALTH CARE FINANCING ADMINISTRATION'S EARLY AND
PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM
AND
THE OFFICE OF HUMAN DEVELOPMENT'S
ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES'
HEAD START BUREAU
October 1980

BACKGROUND

Both EPSDT and Head Start health services focus on prevention, identification and treatment of illness, and linkage of the child and family to an ongoing health care system. In arranging comprehensive health services, Head Start programs use all available community health resources, including the Medicaid/EPSDT program. Since approximately 40 percent of children enrolled in Head Start are eligible for Medicaid, this program is a major resource. Collaboration between the two agencies is based on a progression of solid accomplishments.

During Fiscal Year 1974, the Office of Child Development (renamed the Administration for Children, Youth and Families (ACYF)), in close collaboration with the Social and Rehabilitation Services' Medical Services Administration (reorganized into the Health Care Financing Administration (HCFA)), launched a two-year effort in 200 Head Start programs to assist in making Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services available to Medicaid-eligible children between ages 0-6. The purpose of this project was to develop replicable approaches for local collaboration among Head Start programs, State Medicaid agencies, and community health and related resources in the delivery of EPSDT program services.

A manual, "Head Start/EPSDT, Recipes for Success," which described successful approaches in collaboration, was written. An interagency agreement between OCD and MSA on "Exchange of Information" was signed June 1976 (Transmittal Notice 76.6). It offered guidance to Head Start and EPSDT programs for providing outreach, follow-up and other support services, and for exchanging health/medical information.

In Fiscal Year 1976 and 1977, OCD provided funding for State-level Head Start/EPSDT coordinating positions in five States. The major outcome of this project was the development of local and/or State level interagency agreements. In some instances, these included mechanisms for reimbursement to Head Start for EPSDT services, both health and health-related. ACYF published "Head Start and EPSDT: A How-To-Guide" the same year. It offered step-by-step instructions to Head Start grantees in establishing and maintaining EPSDT relationships. During Fiscal Year 1978 a special initiative in four States of Region IV focused on intervention and solution to specific problems. As a result of this initiative, State-level interagency agreements were written. The focus in Fiscal Year 1979 has been on the development of additional Head Start/EPSDT interagency agreements, one in each HHS Region.

ITEMS OF COLLABORATION BETWEEN HEAD START AND EPSDT

The Office of Child Health, Health Care Financing Administration, and the Head Start Bureau, Administration for Children, Youth and Families has identified the following eight functional activities for collaboration. National, Regional, State and local activities and responsibilities are listed by function for both EPSDT and Head Start. The items listed under "State" and "local" should be the basis for negotiating State and local interagency agreements.

1. OUTREACH

Actions taken by an agency or program, at the State or local level, to assure that families or potential recipients are informed about the EPSDT program and understand its importance, and are encouraged and assisted to seek EPSDT services from available health care resources and providers of medical care.

The objective of the outreach or case-finding function is to ensure that all children enrolled in Head Start projects and their siblings who are potentially eligible for EPSDT services, are certified as eligibles and that all eligible children who want services receive them.

EPSDT

National HCFA has developed policy (Action Transmittal 79-101, October 30, 1979) for reimbursement for 75 percent Federal financial participation for outreach by public agencies and will share the Action Transmittal with Central Office Head Start staff.

Regional HCFA staff will provide technical assistance to States in maximizing the Federal share of payment for outreach services.

States will develop mechanisms for determining reimbursement rates for outreach costs and will reimburse Head Start programs for outreach efforts which may also include siblings and other children in the community.

Local EPSDT workers will verify the eligibility status of children about whom a local Head Start program inquires while assuring the confidentiality of individuals' health information and Medicaid status (see Section 8 Information Sharing).

HEAD START

National ACYF will provide appropriate training to Regional Office staff to enable them to train local Head Start programs.

Regional staff will provide training to ensure that local Head Start programs are familiar with their State EPSDT program's eligibility guidelines and confidentiality requirements.

Local Head Start programs will perform outreach services for families who are potentially eligible for EPSDT. Names of children in these families will be presented to local health or welfare offices for eligibility verification while assuring the confidentiality for individuals' health information and Medicaid status (see Section 8 Information Sharing).

2. INFORMING

Informing is the process of explaining what EPSDT services are available to eligible families, describing the nature and value of such services, as well as where such services are available.

EPSDT

States will notify eligible persons at least annually in writing.

Local EPSDT units will notify persons eligible for EPSDT in a face-to-face encounter at the time of Medicaid eligibility determination.

HEAD START

Local Head Start programs will augment "informing" activities by explaining EPSDT services and their value, encouraging families to use them, and distributing written information about EPSDT.

3. SCHEDULING

Scheduling assistance is a critical component of case management and ensures the timely delivery of services.

EPSDT

States will provide guidelines to local EPSDT units for sharing scheduling responsibility with local Head Start programs in order to ensure both programs' meeting their time-frame objectives and to ensure that eligible children receive preventive health services.

Local EPSDT units will develop a plan with local Head Start programs which ensures that scheduling activities are performed in an efficient and effective manner consistent with applicable Federal regulations.

HEAD START

Local Head Start programs will work with local EPSDT units to develop an efficient and effective plan for appointment scheduling which will meet the timeliness objectives of the local EPSDT and Head Start programs.

4. PERIODICITY

A minimum frequency of screening examinations is necessary to meet the preventive objectives of the EPSDT and Head Start programs.

EPSDT

National HCFA, in conjunction with provider groups, a Central Office Head Start Bureau representative, and Central Office Public Health Service representatives, will consider developing a minimum periodicity schedule. The periodicity schedule will coincide with the Head Start schedule to the maximum extent possible.

Local EPSDT workers will provide information about the data and results of a Head Start child's most recent screening upon request from Head Start program while assuring the confidentiality of individuals' health information and Medicaid status (see Section 8 Information Sharing).

HEAD START

National ACYF will participate with HCFA in the consideration of developing a National minimum periodicity schedule.

Local Head Start programs require one comprehensive screening for each child starting at age three. Head Start programs will perform the following procedure if a child is due for a Head Start comprehensive screening according to the Head Start periodicity schedule:

- obtain the data and results of the last screening;
- ensure that needed follow-up care was received;
- plan to have the child rescreened at least according to the Head Start periodicity schedule.

5. PROVIDERS

The objective of collaboration on provider issues is to ensure development of a community of providers adequate to meet the demand for EPSDT and other health care services generated by Head Start as well as other eligible children.

EPSDT

Regional EPSDT staff will work with States to develop strategies to address provider shortage. These will include use of other Federal and private resources. This activity will include State-by-State analysis of provider participation problems and action steps to overcome the problems.

States have the option to reimburse alternative providers, such as Head Start, for EPSDT and other health care services.

Local EPSDT units will provide current lists of Medicaid providers who furnish EPSDT services to Head Start programs and will focus provider recruitment on providers recommended by Head Start.

HEAD START

National ACYF, in consultation with HCFA, will establish criteria to be used in determining the appropriateness of Head Start programs seeking provider status.

Regional ACYF will review those Head Start programs seeking provider status against the criteria established by National ACYF and will encourage only those Head Start programs which meet established criteria to seek certification as providers of EPSDT services.

Local Head Start programs will use providers of EPSDT services in seeking services for Medicaid-eligible children. Where Head Start wishes to use the services of a non-EPSDT provider for Medicaid children, Head Start will encourage that provider to seek EPSDT participation status and/or refer the provider to local EPSDT provider recruitment personnel.

6. SCREENING PACKAGE

A minimum set of tests and procedures are necessary to assure that each child receives a comprehensive screening appropriate for his or her age and health history.

EPSDT

National HCFA will encourage Regions and States to assist Head Start to meet their performance

standards although some items required by Head Start are not included in the EPSDT package.
Regional EPSDT will help States meet this objective.
States will attempt, whenever possible and administratively practical, to meet Head Start performance standards through their EPSDT program.

HEAD START

Regional ACYF will compare Head Start health requirements to the packages offered by States in their Region and will inform States of requirements which exceed their plans and inform grantees when required items are not included in EPSDT.

7. TRANSPORTATION

EPSDT

State Title XIX plans will contain a commitment to assure necessary transportation of Medicaid/EPSDT recipients to and from providers of services, and a description of the methods to be used.
Local EPSDT agencies will collaborate with Head Start programs to ensure that the most cost effective of all available methods is selected.

HEAD START

Local Head Start programs will cooperate in arranging for or providing transportation to families who require it in order to use EPSDT services and in establishing mechanisms for reimbursement under Title XIX.

8. INFORMATION SHARING

In order to facilitate the exchange of information between the State Medicaid agency and local Head Start programs while protecting the confidentiality rights of applicants and recipients, certain basic requirements must be met: (1) local Head Start programs must be subject to standards of confidentiality that are comparable to or greater than the legal sanctions imposed on the State Medicaid agency, and (2) prior written authorization must be obtained from the parent or guardian after fair and reasonable explanation of the confidential nature of the information and the necessity to exchange minimal information between the State Medicaid agency and the Head Start agency to provide services for recipients.

According to their regulation, Head Start's information requirements are: (1) the results of screening, (2) the need for follow-up determined during screening, and (3) assurance that needed treatment is completed or ongoing. These needs directly parallel the needs of the EPSDT agencies. In order to avoid duplication of services, State or local agreements should specify the information which will be exchanged and the mechanisms for exchanging it. At the local level, one agency will assume responsibility for case management and procedures will be developed which ensure that this agency receives all necessary information.

EPSDT

National HCFA will provide guidance which encourages sharing of eligibility and health information for EPSDT program implementation with Head Start programs.
Regional EPSDT staff will encourage States to exchange information with Head Start grantees in order to maximize the delivery of health services to children while complying with the Privacy Act.
State EPSDT administrators will strive to develop a uniform consent form which serves the needs of both programs.
Local EPSDT units will work with local Head Start programs to develop a protocol for sharing information within applicable Federal guidelines.

HEAD START

Local Head Start programs will cooperate with local EPSDT units to develop a protocol for sharing information.

MANAGEMENT OF COLLABORATION

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The objectives of the management section of these guidelines are to ensure the implementation of the items of collaboration.

EPSDT

National HCFA will assign a liaison to work with National ACYF in ensuring the promulgation and implementation of these guidelines.

Regional EPSDT staff, in cooperation with Regional ACYF staff, will develop a joint task force to provide technical assistance to States and Head Start programs in agreement development. This task force will encourage the development of statewide agreements and will review such agreements for compliance with the provision of these guidelines.

States which do not have interagency agreements with Head Start will attempt to develop one within one year from the date of the signing of these guidelines. States which have agreements will revise them to comply with all the items included herein.

Local EPSDT agencies will attempt to develop local agreements with local Head Start programs when statewide agreements are inadequate to address all areas of collaboration.

HEAD START

National ACYF will appoint a liaison to work with National HCFA in ensuring the promulgation and implementation of this agreement. Together, these agencies will review statewide agreements and develop a methodology to assess their impact.

Regional ACYF, in cooperation with Regional EPSDT staff, will participate in the interagency task force to provide technical assistance to States and Head Start programs in agreement development and program implementation.

Local Head Start programs will attempt to develop local agreements with local EPSDT agencies when State agreements are inadequate to address all areas of collaboration.

HEALTH-Specialized T/TA

INTRA-AGENCY AGREEMENT
BETWEEN
THE U.S. PUBLIC HEALTH SERVICE-INDIAN HEALTH SERVICE
AND THE AMERICAN INDIAN PROGRAMS BRANCH, HEAD START BUREAU,
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES,
July 1990 (Updated to 1995)

PURPOSE

This Agreement sets forth the terms and conditions for technical assistance and support services to be provided by the Indian Health Service (IHS) to the Head Start Bureau's American Indian Programs Branch (AIPB) grantees. The IHS will assist in providing technical assistance (TA) to the AIPB grantees through arranging and conducting follow-up visits and supplying other technical services to support the Head Start Bureau's health component.

The Head Start program emphasizes the importance of "the early detection of health problems." The IHS will assist the AIPB to ensure that every child enrolled in a AIPB funded Head Start grantee is involved in a comprehensive health program, which includes medical, dental, mental health and nutritional services.

DESCRIPTION OF SERVICES

A. Description of the IHS Provided Services

1. Technical Assistance

The IHS, as a part of the overall Head Start training and technical assistance provider network, will provide medical, dental, nutrition, and mental health TA to the Head Start grantees selected by the AIPB. The technical assistance provided by the IHS will focus more intensively on providing follow-up TA which is responsible to the findings from on-site monitoring of the AIPB grantees and assessments of grantees' compliance with the health component of the Head Start Program Performance Standards as well as follow-up to environmental health issues.

As part of the Head Start Bureau's training and technical assistance system, the IHS will be expected to coordinate as necessary with the AIPB-TASC contractor to arrange scheduling and integrate delivery of on-site health TA, as directed by the AIPB.

The major health TA services listed below should be made available by the IHS to the AIPB grantees in fiscal year 1995:

(a) Medical, Dental, Nutrition and Mental Health Priorities

- Assist the AIPB grantees in accessing health services, including coordination with medical, dental, nutrition, and mental health community resources.
- Provide technical assistance to Head Start programs identified by the AIPB as having difficulty complying with the Head Start Health (including Dental, Nutrition and Mental Health) Program Performance Standards.
- Assist the AIPB grantees and Tribal governments with the development and implementation of nutrition and health education programs (including oral health and prevention programs, and planning mental health program activities) for Head Start children, parents, and staff.
- Provide technical assistance to the AIPB grantees in the development and maintenance of child health (including dental) records.
- Provide consultation to grantee in developing nutrition component plans which reflect appropriate daily nutritional needs for young children.
- Provide technical assistance to the AIPB grantees in food service operations, including sanitation, menu planning, food storage, preparation and serving.
- As a Mental Health priority, advise in the developmental screening, assessment,

and referral of the AIPB Head Start children.

- Provide up to 25 percent of the AIPB grantees with dental health assessments.

The identification, scheduling and delivering of these IHS services for specific grantees will be determined by the AIPB. The IHS will provide intensive, direct, on-site technical assistance to grantees which have recently been monitored or those problem grantees with special needs. The AIPB will attempt to notify the IHS, by June 30th of each year during which this Agreement is effective, regarding the number and location of grantees to be provided services under this Agreement.

The IHS shall work with the AIPB Coordinator and the TASC contractor in planning and implementing on-site technical assistance prior to the delivery of such assistance. The IHS will organize and plan these efforts, to the extent possible, so as to use the travel and staff resources as efficiently as possible. The IHS will, prior to each on-site visit, submit a plan of action to the AIPB Coordinator for approval; and, make arrangements to assure that the person assigned to participate in the on-site follow-up visit discusses the assignment with the appropriate AIPB staff.

(b) Consultant Pool

The IHS will recruit and carefully manage a pool consisting of approximately 80 geographically disbursed and well-qualified Indian and non-Indian expert consultants in the following areas: medical, dental, mental health, and nutrition who reside throughout the country and who, in response to requests from the AIPB or the AIPB Head Start grantees are available to provide technical assistance to these grantees.

- The IHS, with guidance from the AIPB Coordinator and the Head Start Federal Project Officer, shall establish written qualifications (education, experience and skills) which various types of Indian and non-Indian health expert consultants should possess and also develop an assessment process to determine whether each proposed health expert consultant would be an effective resource for working with the AIPB grantees. These qualifications and selection process are subject to the approval of the Head Start Federal Project Officer before implementation. The AIPB Coordinator and the Head Start Federal Project Officer will have final approval of who is included in the Consultant Pool.
- Indian and non-Indian Health experts selected must be geographically disbursed throughout the country and preferably residing in those areas with a significant number of the AIPB grantees.
- The Indian and non-Indian health experts shall be well-qualified by demonstrating:
  a. special expertise in such areas as; medical, dental, mental health, or nutrition; with practical skills, knowledge and experience to assist grantees in meeting the Head Start Program Performance Standards;
  b. a clear capacity to understand and work within the full range of Head Start requirements, diverse settings and the American Indian cultures, and program options; and
  c. capacity to share their expertise through established technical assistance strategies and techniques.
- The Indian and non-Indian health experts shall be provided with the opportunity to participate in cross-training with other experts in various Health specialty areas.

(c) The pool of Indian and non-Indian consultant health experts should be able to commit a significant number of consultant days, as needed, to meet the needs of the AIPB grantees and would include:

- Consultants recruited from the IHS area offices.
- Health experts who have experience working with the American Indian population.

(d) The IHS shall work with the AIPB Coordinator to develop a procedure to assure that the Indian and non-Indian health experts selected for the Consultant Pool are sufficiently familiar with Head Start policies and regulations and have a thorough understanding of

the needs of the American Indian population served by the AIPB grantees.

In addition, the IHS shall work with the AIPB Coordinator to develop a system for keeping all Indian and non-Indian health experts in the Consultant Pool updated on new and changing requirements or other information concerning the Head Start program, both through timely mailings and additional training updates, as needed.

(e) The AIPB Coordinator shall work with the IHS in designing and implementing procedures for efficient utilization of the Consultant Pool, including a process for identifying, selecting and assigning the Indian and non-Indian health expert consultants to provide technical assistance services requested by the AIPB grantees or staff of the AIPB.

(f) The IHS shall submit for approval by the AIPB Coordinator and the Head Start Federal Project Officer an annotated lists of 40 Indian and non-Indian health experts (identified by area of specialty) to be included in the Consultant Pool by January 1, 1995 and a final list containing all 80 Indian and non-Indian health Consultant Pool experts by March 1, 1995.

2. Linkage Activities

(a) The IHS will coordinate linkage activities intended to connect the Head Start Child Care community to health care providers. In support of the Head Start Bureau initiative to improve access to health care, emphasis will be placed on working with Medicaid agencies to focus on the better utilization of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program by AIPB Head Start children.

(b) Where possible, the IHS will assist the Head Start Bureau in implementing national collaborative efforts through Interagency and Intra-Agency Agreements with other Federal programs serving children and families such as the Supplemental Feeding Program Women, Infants, and Children, the Public Health Service, and the Health Care Financing Administration. The AIPB Coordinator will send to the IHS Project Coordinator a copy of the Intra and Interagency Agreements that have been developed within 25 days from the date an Agreement is signed.

(c) After consultation with the AIPB Coordinator, the IHS will provide telephone consultation, upon request, to the training and technical assistance network on behalf of the AIPB grantees and include the Alaskan AIPB grantees in mailings, invitation to conferences, training and all other activities except on-site TA.

(d) The AIPB Coordinator, Head Start Federal Project Officer and the AIPB TASC Contractor will assist the IHS in routinely accessing the Head Start Bulletin Board System (BBS) as a means of disseminating information on upcoming events and other resources that may assist them in providing T/TA to the AIPB grantees.

(e) After approval by the AIPB Coordinator, the IHS will participate in Head Start technical assistance network meetings, national conferences and task force committee meetings. This includes attendance, and presentations, if requested, at the National Head Start Association meeting, the Indian Head Start Association meeting, the National Indian Education Association meeting that impact on AIPB grantees. The IHS will also participate in the AIPB training events scheduled by the National Health Training Contractor.

3. Special Health Initiatives

(a) Assist in the implementation of a Head Start Family Wellness Demonstration Project for the Tlingit and Haida grantee's sites in Klawock and Craig, Alaska. The second and third years of this project are affected by the Agreement and will implement the models developed for family needs assessment, train all participants, network enhancement, increase service providers familiarity with this approach and carry out a parent empowerment curriculum/process.

(b) The IHS will organize an annual three day health conference sponsored by the AIPB. The conference will be held for the purpose of determining special health needs of Indian children and will seek to develop recommendations for improving and/or meeting the key health needs of this particular population.

(c) The IHS will provide specialized and intensive technical assistance and support to eight Indian Head Start grantees, both individually and as a group, in a three year pilot effort.

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The effort seeks to develop culturally relevant Indian substance abuse strategies. The strategies will be designed to provide training of staff on substance abuse prevention; gain tribal support for substance abuse free lifestyles; initiate parent involvement activities around issues of prevention, Wellness, advocacy and collaboration; and, provide guidance for local tribal grantee policies on substance abuse.

(d) Participate in AIPB training events scheduled by the seven National Training Contracts (one training event per National Training contract annually). The IHS will especially work with the National Training Contractor for the Health Component in developing a model Health Component plan useful for AIPB Head Start grantees.

AREAS OF RESPONSIBILITY

A. The Head Start Bureau (HSB) shall:

1. Designate a Federal Project Officer who will be responsible for liaison and decisions relating to consultative activities on health TA to grantees with the IHS.
2. Keep the IHS informed about pertinent policy and program developments in the Head Start Program.
3. Provide funds to the IHS for services provided during fiscal year 1995.

B. Head Start Bureau's AIPB shall:

1. Designate an AIPB Project Coordinator responsible for planning and coordinating, in concert with the IHS Project Coordinator, the delivery of technical assistance to grantees.
2. Determine which of the AIPB grantees should receive technical assistance follow-up visits.
3. Determine the kinds of summary reports and additional information needed as a result of the TA visits.
4. Invite the IHS Project Coordinator to staff meetings and the TA provider meetings as appropriate.
5. Provide to the IHS final copies of on-site program review reports sent to grantees and a copy of corrective action and/or program information reports.

C. The IHS shall:

1. Designate an IHS Project Coordinator who shall recruit, select (with the approval of the AIPB Coordinator), orient, train, assign, supervise, and manage a cadre of Indian and non-Indian health professionals with expertise in the areas of medical, dental, nutrition, and mental health who will provide TA to the AIPB grantees in the health component. The IHS Project Coordinator shall also be responsible for administrative reports and shall submit a work plan and budget no later than October 1, 1994.

   When requested by an AIPB grantee, the IHS will provide (prior approval of the AIPB Coordinator required) an expert consultant to assist in developing Health Management Improvement Plans following an on-site review; and in reviewing the AIPB grantee compliance responses.

   The IHS Project Coordinator will submit quarterly progress reports to the Head Start Federal Project Officer with a copy to the AIPB Coordinator. Reports are due within 15-30 days of the end of the quarter and shall include a list of grantees and center staff that have received health TA, summary information concerning follow up visits to individual centers, and an itemized list of expenditures incurred during each quarter in fiscal year 1995.
2. Serve as an advocate for the rights and needs of Head Start children in their relationship with health departments, independent health agencies, hospitals, welfare departments, professional groups and private practitioners.
3. Assist AIPB grantees in identifying and negotiating with health resources such as professional societies, schools, health organizations, private practitioners, and State and local Medicaid/EPSDT agencies.
4. Provide technical assistance to eight Head Start Indian pilot grantees. The assistance will provide for substance abuse prevention training, identifying activities which support drug free workplaces, encouraging and supporting the development of tribal resolutions

advocating a substance abuse free lifestyles, and stimulating activities which engage parents in supporting prevention and wellness.

5. Submit a final report to the Head Start Federal Project Officer, with a copy to the AIPB Coordinator. The report is due within 30-60 days of the end of the fiscal year and shall include:
   a. A narrative summary of health component activities conducted under the work plan with information such as the number of programs moving from non-compliance to compliance status as a result of the health technical assistance provided by the IHS services.
   b. A summary of the TA activities provided under the work plan focusing on exemplary models of linkages with public and private health delivery systems, barriers in accessing health care, and recommendations for resolving problems.
   c. A summary highlighting major findings and recommendations from insights gained from technical assistance activities provided under the work plan.
6. Make recommendations to the AIPB Project Coordinator on which grantees should receive technical assistance visits.
7. Be responsive to requests for special help from grantees and the AIPB Coordinator.
8. Assist in developing improved health strategies and in determining the TA support services and systems are needed to implement these strategies.
9. Maintain sufficient contact with the grantees to promote steady progress toward attainment of Head Start health goals. Such contact may be by telephone, personal visits or review of administrative records (such as the Health Data Tracking System, Program Information Report data and medical records).
10. Additionally, the AIPB and the IHS will have joint responsibility to:
    a. Approve all health component-related public information releases regarding the AIPB grantees.
    b. Cooperate in the development of demonstration programs to illustrate improved provision of health services.

HEALTH-Specialized T/TA

INTERAGENCY AGREEMENT
BETWEEN
MIGRANT HEAD START PROGRAM
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
AND
MIGRANT HEALTH PROGRAM
BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
August 1984 (Updated through 1993)

PURPOSE AND SCOPE

The purpose of this intra-agency agreement is to coordinate policies at the national level and to express the commitment of the Migrant Health Program (MHP) and the Migrant Head Start Program - (MHSP) to foster strong working relationships at the local level for assuring availability, accessibility, and quality of child health care in each State. This agreement commits the MHP and the MHSP to support the development and strengthening of linkages between their programs at the local level.

PROGRAM DESCRIPTION

A. Migrant Health Program

The purpose of the MHP is to support the planning, development, and delivery of high quality health care services in rural areas for migrant and seasonal farmworkers and their families. The MHP provides support to public or private entities which through their own staff or through cooperative arrangements provide comprehensive primary health services, some supplemental services, referrals and health education services to migrant and seasonal farmworkers and their families. The MHP is authorized by Section 329 of the Public Health Service Act.

B. Migrant Head Start

The Migrant Head Start Programs provide comprehensive child development services to the infant/toddlers and preschool age children of low-income, migratory farmworkers throughout the contiguous States. While these programs share the goal of all other Head Start Programs to bring about a greater degree of social competency within each child, there are additional goals unique to Migrant Services.

- to provide continuity of services to children as they migrate with their families.
- To implement individualized bilingual/multicultural programs relevant to the migrant population at each location.
- To reduce the incidence of abuse and neglect of unattended children in the fields.

SUBSTANCE OF AGREEMENT

The MHSP and MHP agree to support linkages between their grantees at the project level by encouraging their respective grantees to jointly plan for the health services to be provided to the migrant child.

A. Health Services

1. The Migrant Health Project will:
   a) Provide priority services to migrant Head Start children in accordance with the requirements of the Head Start Performance Standards i.e., screenings, physicals, diagnostic services for identifying handicapping conditions.
   b) Extend treatment and follow-up health care as needed to migrant Head Start children.
   c) Adopt, wherever feasible, common health records to facilitate continuity of services and accurate transfer of health data.
2. The Migrant Head Start Program will:
   a) Utilize the Migrant Health Center, wherever feasible, to obtain health services for children enrolled in their program.
   b) Invite selected members of the MH Project staff to serve on the Head Start Health Services

Advisory Committee to further develop linkages between the two programs.

B. Funding Health Services

While the legislation of both programs provides for last dollar use of the program funds, the essence of this agreement is to insure that joint planning and funding of health services is assured for migrant children eligible for health services.

The efficiency and effectiveness of services to these children can be strengthened by joint planning for budget expenditures. Through collaborative efforts, maximum use can be made of the resources available from both Migrant Health Projects and Migrant Head Start Programs; i.e., continuity of health record information, diagnostic and treatment services. In keeping with the spirit of cooperation, we encourage the respective grantees of MHP and MHSP to establish local agreements which include scope of services and levels of support. The establishment of linkages between MHSP and MHP, as well as other community service providers is to be appropriately reflected in the respective grantee application.

Should the local programs not be able to reach a joint decision in determining the scope of services and/or the levels of dollar contribution from each program, the respective national offices should be notified so that the differences can be mediated.

C. Health Education

The Migrant Health Program and the Migrant Head Start Program will:

a) Collaborate in designing and implementing, at the local level, an organized health education program for children, parents and staff, as resources permit.

b) Provide ongoing health education activities for migrant Head Start children and their families.

c) Share health education resources for the maximum benefit of the migrant children and their families.

D. Clinic Visits, Hours of Operation and Referral System

1. The Migrant Health Program will:
   a) Schedule appointments for Head Start children within the time frames suggested by the Head Start Performance Standards.
   b) Conduct evening and weekend clinics, wherever practicable, in order to improve access to services.
   c) Work jointly with MHSP to create a community-wide referral system.
   d) Inform clinic families of available Head Start programs.
2. The Migrant Head Start Program will:
   a) Assume responsibility for preparing and transporting children and parents for screenings and physicals as needed.
   b) Assist in supervising children during clinic visits as needed.
   c) Assist MHP staff to keep parents informed about their child's health.
   d) Provide parents whose children are enrolled in Head Start Programs with information such as location, hours of services, and enrollment procedures regarding the Migrant Health Clinic services.
3. The Migrant Health Program and the Migrant Head Start Program will:
   a) Work jointly to create a referral system for services needed by Head Start children.
   b) Inform families of available Head Start Programs and Migrant Health Programs.
   c) Provide parents with information (location, hours, services, enrollment procedures) about MHPS and available migrant health clinics.

E. Data Sharing

The Migrant Health Program and Migrant Head Start Program will:

a) Establish procedures for sharing data.

b) Maintain and share the child's health record.

c) Provide parents with child's health records.

HEALTH-Specialized T/TA

INTRA-AGENCY AGREEMENT
BETWEEN
OFFICE OF HUMAN DEVELOPMENT SERVICES,
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES,
HEAD START BUREAU,
AND
PUBLIC HEALTH SERVICE,
HEALTH RESOURCES AND SERVICE ADMINISTRATION
BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE
April 1983 (Updated 1992)

PURPOSE
This agreement sets forth the terms for technical and personnel services, supplies, materials or equipment by the Health Resources and Services Administration (HRSA) to the Head Start Bureau, Administration for Children, Youth and Families (ACYF), Office of Human Development Services and the provision of technical assistance and training in support of Head Start medical, nutrition and mental health services.

DESCRIPTION OF SERVICES
The Health Resources and Services Administration (HRSA), Bureau of Health Care Delivery and Assistance (BHCDA), will initiate development, orientation and training of a health/medical, nutrition and mental health network to provide consultation, training and technical assistance (T/TA) to local Head Start programs including the Migrant Programs and Parent and Child Centers (PCC).

Major T/TA services to be delivered under this agreement shall include the following:

Training and Technical Assistance

1. Health Medical Priorities
   a. Provide technical assistance to those programs identified as needing assistance through the health/medical performance indicators. The specific medical indicators are:
      - percent of children who have completed medical exams.
      - percent of children receiving needed medial treatment.
      - percent of children enrolled in Medicaid/EPSDT receiving medical exams paid for by Medicaid/EPSDT.
      - percent of children enrolled in Medicaid/EPSDT receiving needed medical treatment paid for by Medicaid/EPSDT.
      - percent of children up to date and/or completing all required immunizations.
   b. Revise and update the 1982 Head Start Health Coordination Manual.
   c. Implement the training of 500 new and experienced Head Start health coordinators from ACYF regions I-X and Native American and Migrant Program Branches. Priority shall be given to new health coordinators and health coordinators from expanded Head Start programs. Training for this group of health coordinators shall be developed around the newly revised health coordination manual. Training for experienced Head Start health coordinators should be designed around training priorities as identified in the needs assessment and the revised Health Coordination Manual.
2. Nutrition Services Priorities
   a. Develop an assessment tool for identifying nutrition needs in local Head Start programs.
   b. Provide training and technical assistance to those Head Start programs identified as needing assistance in meeting the nutrition services performance standards.
   c. Provide training to staff on Head Start Nutrition Education Curriculum and on the newer knowledge in child and family nutrition.
   d. Develop interagency workshops for staff of cooperating agencies to provide information on nutrition services in Head Start such as training sessions for food service workers or. menu planning, food buying, food preparation, sanitation, and record keeping and training

sessions for teenage Head Start parents on infant child and family nutrition.

e. Develop publications appropriate for implementation of nutrition training for local Head Start program staff.

3. Mental Health Prevention

a. Develop an assessment tool for identifying mental health T/TA needs in local Head Start programs.

b. Develop and pilot test a series of mental health training pamphlets for the following:
- •Head Start Directors
- •Mental Health Coordinator
- •Mental Health Consultants to Head Start programs
- •Head Start Classroom Staff
- •Head Start Parents (to include special focus for teenage parents)
- •Head Start Parent Involvement/Social Services Staff

c. Provide training to approximately 400 Head Start mental health coordinators annually.

d. Provide training to approximately 200 Head Start classroom teachers annually.

4 Linkage Activities

Continue activities in the linkage effort which result in connecting the Head Start child and family to health care providers. Emphasis will be placed on working with public, private and voluntary sector health care organizations to better facilitate their support and involvement with Head Start programs. Specific emphasis will be placed on development of Regional, State/local networks to support current Head Start agreements with the American Red Cross, American Optometric Association and the American Home Economics Association.

5. Medicaid/EPSDT

a. Coordinate the development and ongoing functioning of Regional Head Start EPSDT Task Forces.

Regional Health consultants shall work with Task Force members to pursue ongoing Head Start-EPSDT coordinated activities at the Regional, State and local levels. The focus of these activities shall be to increase EPSDT service delivery to eligible Head Start children.

b. Continue the development of State level Head Start EPSDT Interagency Agreements.

c. Continue the development of Migrant Head Start Programs - EPSDT improvement efforts by developing and implementing a phase II workplan to increase the utilization of EPSDT services by Migrant Head Start grantees. The workplan shall build upon successful outcomes of the strategy initiated in FY'86.

d. Initiate the development of a Head Start Native American program - EPSDT improvement plan. The primary objective of this activity shall be to increase EPSDT service delivery to Native American Head Start children and their families.

6. Performance Indicator Report (PIR) Validation

Develop, field test and implement the use of an instrument to validate the health data reported on the PIR.

The BHCDA - Head Start T/TA network shall work with the 10 ACYF regional offices, Native American and Migrant Program Branches and local Head Start programs to assist:

a. Local programs to develop local capabilities for planning and managing comprehensive Head Start health services, including linkages with health community resources and the development and maintenance of adequate health care records.

b. Local programs to maintain surveillance of the health program to ensure that all Head Start children receive basic health care services as outlined in Head Start policies and guidance including the completion of health care needs.

c. Local programs to incorporate a suitable health education program for children, parents and staff in their ongoing health education programs.

d. Local program staff to provide ACYF with reports on local program health activities.

AREA OF RESPONSIBILITY

A. The ACYF Headquarters shall:

1. Designate a person at ACYF Headquarters who will be responsible for liaison with consultative activities of BHCDA.
2. Keep BHCDA involved in the evolution of, and apprised of pertinent policy and program developments.
3. Apprise BHCDA, concerning any proposed evaluation of health aspects of programs by persons other than consultants provided through this agreement.
4. Review quarterly reports submitted by BHCDA, note those requiring follow-up action and notify BHCDA, accordingly.
5. Provide periodic feedback to BHCDA, on its implementation of the agreement.
6. Periodically provide direction and review guidance materials developed by BHCDA, which are concerned with health aspects of Head Start programs.
7. Provide funds to BHCDA, for services provided as set forth in this agreement.
8. Have final responsibility for disbursement of Head Start funds.

B. Each ACYF Regional Office shall:

1. Designate a person in each regional office who will be responsible for planning or coordinating with the USPHS regional office representative, the delivery of training and technical assistance services by PHS health consultants.
2. Invite the Regional PHS health consultants to staff meetings and Training and Technical Assistance Provider meetings as appropriate.
3. Share pertinent information with the regional health consultants to enable him/her to arrange for appropriate and timely T/TA, e.g., current PIR data, information (as available), and for on-site visits; notification of each on-site visit should be provided to PHS at least one month prior to the visit.
4. Review, comment, and concur with the Regional Health Administrator on annual Head Start workplan within 120 days after the effective date of this agreement.

C. The BHCDA Central Office shall:

1. Designate a public health physician as Medical Director and Project Officer for the PHS-HS Health Services Network. The project officer shall:
   a. provide professional expertise for the Head Start Bureau in the area of health services consistent with current child development/pediatrics concepts and practices.
   b. be responsible for the recognition of health program needs and assist ACYF in health policy development and implementation design to meet those needs.
   c. design, develop and establish a national training and technical assistance network to provide professional health specialist support to Head Start programs in order to improve the delivery of health services to low-income children in Head Start.
   d. recommend and initiate new health programs which utilize (a) new or different resources (either fiscal or personnel), (b) alternative or replicable approaches to meet program needs.
   e. provide leadership and professional advice and counsel to the conceptualization and development of cooperative agreements with other government agencies, universities, and other institutions such as Georgetown University and the American Academy of Pediatrics which will prove beneficial to the health program in terms of training and technical assistance activities and medical research in community and ambulatory pediatrics.
   f. serve as a liaison officer for Head Start Health services with other Federal agencies, professional medical organizations, State or local governments or private groups to enlist their support of the health program and activities relating to health conditions of poverty populations.
   g. establish and maintain contact with local health and medical authorities, practicing physicians, other health professionals, and health professional organizations to improve the utilization of available government and private health personnel, facilities and materials for the benefit of Head Start children.

h. supervise public health program specialists and other staff personnel as may be assigned to assist in the implementation of the health services program.

2. Designate a public health nurse as child health specialist for the PHS-HS Health Services Network. The child health specialist shall:

   a. Assist in the planning and implementation of Head Start's health services program, including administration, management and analysis of the Head Start comprehensive health program.
   b. Assist in the development of regulations/guidelines for health component implementation and interpretation.
   c. Assist in the development of requirements to be carried out by grants/contracts and Interagency Agreements.
   d. Make recommendations to the Medical Director PHS - Head Start Network in the development of its components, policies and regulations.
   e. Participate with supervisory and administrative staff on work groups and task forces for the purpose of assisting in planning activities. Review and make recommendations on proposed policy and methods of implementation.
   f. Assist in the development and implementation of the Head Start Medicaid EPSDT Collaborative Effort which involves working with other Federal agencies providing health care and services, particularly to low-income children.
   g. Establish and maintain continuing working relationships with public, private and voluntary health care agencies such as Health Care Financing Administration, American Red Cross, etc.

3. Develop a work plan for the fiscal year for provision of all T/TA including on-site visits and follow-up T/TA, (See IV-work plan) linkage strategies, advocacy and program innovation activities.
4. Provided ACYF Headquarters within 120 days of the effective date of the agreement, and yearly thereafter, with regional workplans and manpower loading charts of consultants necessary to assure the achievement of timely and acceptable performance.
5. Assist ACYF in developing improved child health advocacy strategies and in determining the training and technical assistance support services and systems required to implement such strategies. These strategies will detail specific steps in working with health agencies at the local, State and Federal levels, private and voluntary sector agencies and advocacy activities.
6. Develop a strategy for Head Start's use of the Medicaid EPSDT program. This should include specific activities which will be undertaken at both the central office and regional office levels in which the PHS Health consultants will participate. In those regions in which a task force has been formed to address the Medicaid/EPSDT program, regional PHS consultants should be active members.
7. Provide ACYF with consultation necessary to revise reporting systems and planning documents.
8. Submit to the national ACYF office changes in the current list of regional office consultants including names, addresses, telephone numbers and regional assignments and update as necessary.
9. Develop and revise annually, if necessary, the fact/information sheet on the Interagency agreement.
10. Meet monthly to discuss administrative issues and report quarterly to the HS-PSD Director on program achievements, trends, problems and recommendations for better achievement of health goals based upon on-site visits, consultant reports and related activities. The format of the report must be consistent with the on-site visit report format. The content of the report must include, but not necessarily be limited to, the following:
    a. Number of programs visited in each region by consultants.
    b. Key problem areas identified as they relate to Head Start Health policy and guidance including analysis of compliance status.

c. Number of children who have completed necessary treatment during the program year. The objective is to increase completed treatment.
d. Report on existing and potential linkages with public and private health care sources and their availability to provide health services to enrolled Head Start children.
e. Report on health services successes focusing on exemplary models of linkages with public and private systems, barriers to completion of care, and recommendations for resolution of problems.
f. Recommendations as related to Head Start policies, procedures and guidance.
g. Other Head Start related activities of Health consultants, e.g., training sessions and workshops.

11. Develop program guidance on Head Start policy and acceptable health care practices.
12. Develop medical, nutrition and Mental Health Consultant Manuals for orientation and training.
13. In concert with the PHS regional offices continue to evaluate the impact of the health consultation on local Head Start programs.
14. Monitor the health consultation effort to better ensure that quality assurance guidance is provided for local Head Start programs.
15. Provide each region with a PHS physician or public health nurse, nutritionist, and mental health consultant. Be responsible for orienting and training new health consultants and provide guidance in overall ACYF policies.
16. Plan biannual meetings for regional health consultants and be responsible for assembling and reporting meetings. The agenda, date and place shall be developed in concert with ACYF headquarters.
17. Submit quarterly financial reports which indicate obligations/expenditures incurred by major cost categories and balances remaining unobligated. Submit a current report to ACYF on total obligations and available funds as well as estimated obligations and expenditures for the fourth quarter not later than July 15 of each year this agreement remains in effect.
18. Assist ACYF's Health Promotion initiatives to increase the awareness of Head Start children and their families of the benefits of preventive health care services.
19. Submit an annual report containing, but not limited to, the following:
    a. Narrative summary of health services activities supported by such statistical data as amount of consultant usage; total number of programs recommended as meeting Head Start Health policy and guidance; and number of programs moving from non-compliance to compliance status.
    b. Summary of health services successes focusing on exemplary models of linkages with public and private delivery systems, barriers to completion of care, and recommendations for resolution of problems.
    c. Summary, by Region, highlighting major findings and recommendations for the health consultation program.
    d. Summary, of other activities of BHCDA, related to Head Start, particularly program innovation and development activities.

D. The PHS Regional Office:

Each PHS Regional Health Administrator will consult with the respective HDS Regional Administrator prior to appointment of the Regional Head Start Consultant. The Consultant shall:

1. In cooperation with the ACYF regional office, recruit, select, orient, train, assign, supervise and manage a cadre of consultants, who will provide training and technical assistance to Head Start grantees in the planning and management of their health services. These activities should focus primarily on the Head Start Health Services policy and guidance. In carrying out these responsibilities, the following items will be considered:
    a. Selection of health consultants must be acceptable to the Head Start grantee and to the ACYF regional office.
    b. New consultants must be provided with training and orientation acceptable to

ACYF, including a briefing on Head Start policies and program guidelines and the Medicaid/EPSDT program. Each new consultant or specialist must make at least one community consultation visit with an experienced consultant before being assigned to independent consultation work.

c. An equitable system of paying for professional health consultation services and expenses will be utilized. In no event shall daily consultation fees in excess of $125 be allowed. No fees shall be paid for professional consultation prior to receipt of an acceptable written report. It is expected that fees shall be paid for actual days of consultation and shall be paid in accordance with standard government travel regulations and within Departmental policy.

2. Provide consultation to include, but not necessarily be limited to, the following (also refers to tasks of local health consultants hired):

a. T/TA to staff of Head Start grantees. The training activities must be incorporated in the regional arrangements for such activities.

b. Conduct on-site visits in order to a) assess health services and provide T/TA, b) provide adequate T/TA within available resources when needs have been identified through on-site visits, performance indicator data or the regional office, and c) provide preventive T/TA programs within available resources.

c. Serve as an advocate for the rights and needs of Head Start children in their relationship with health departments, independent health agencies, hospitals, welfare departments, professional groups and private practitioners.

d. Suggest modification in the health program to remedy problems cited in on-site technical assistance or other reports including the Program Information Report (PIR).

e. Assist local programs in identifying and negotiating with local health resources such as professional schools and health organizations, public health agencies, private practitioners, State and local Medicaid/EPSDT agencies.

f. Prepare, with appropriate personnel, a plan for training and technical assistance designed to remedy identified problems.

g. Provide technical advice on the content, management and budgeting of the Head Start health program.

h. Provide liaison between the Head Start program and the professional-health, medical, nutrition and mental health communities.

i. Be responsive to requests for special help from the Head Start grantees and regional offices and maintain sufficiently frequent contact with the grantees to promote steady progress toward attainment of Head Start health goals. Such contact may be made by telephone, by personal visit or review of administrative records (such as the tracking system, PIR data and health records).

j. Meet bimonthly with regional and national Head Start officials, with other Head Start consultants and with local, State and regional health officials to discuss health problems of young children and the role of Head Start and its Services Consultation Program in meeting these problems.

k. Assist in the review and evaluation the Head Start program health component including participation in grant pre-reviews with the ACYF regional offices.

l. Obtain a report from the consultant after each visit. The content of such reports will include, but not be limited to the following: 1) A copy of the on-site visit report which includes the current status of the health program; 2) Description of existing problems; 3) Recommended action for resolving problems or strengthening the dental services as related to the Head Start policy and guidance.

m. Submit to BHCDA and ACYF regional office, upon request, copies of all site visit reports containing the information referred to in paragraph V-C-9 above and other pertinent information requested for national use. On those site visits conducted by non-regional office personnel, include the cost information of consultant fees, travel and per diem expenses.

3. Develop a work plan for the fiscal year in each region in coordination with the ACYF regional office for provision of T/TA including on-site visits and follow-up T/TA. (See Section IV Work Plans). This will be signed by the HDS Regional Administrator and the PHS Regional Health Administrator, a copy of which is to be forwarded to the BCHDA project director within 120 days after the effective date of agreement.
4. Maintain close lines of communication with the ACYF Regional office and attend regional office meetings and T/TA provider meetings on a regular basis.
5. Provide health care advice to the ACYF regional office on technical health issues.
6. Review site visit reports and PIR data for conditions requiring action on the part of the regional office or the national office of ACYF and BCHDA.
7. Participate in or otherwise be responsible for providing training to and orientation of local and regional Head Start staff with regard to goals and implementation of health services consultation in Head Start.
8. Inform the BHCDA Central Office of problems and new developments in the region, as necessary.
9. Advise regional ACYF concerning arrangements and procedures necessary for improving the quality of the health programs.
10. Assist in identifying Federal and State funded health care services for local programs.
11. Assist in providing training in health related activities to local program staff, especially health coordinators, medical advisors and teachers, to enhance local capabilities, in the areas of record-keeping, management, health budgeting, health education methodology, use of Medicaid/EPSDT health services, etc.
12. Assist in providing inservice training on health activities to regional office staff, and others as appropriate and necessary.
13. Assist BHCDA in developing improved health strategies and in determining the training and technical assistance support services and systems needed to implement these strategies.
14. Submit changes in the listing of consultants, including names, addresses, telephone numbers and area assignments to the ACYF regional office and to BHCDA, quarterly.

E. The BHCDA and ACYF shall jointly:

1. National
   a. Approve all public information releases regarding the Head Start health services T/TA network.
   b. Cooperate in the development and staffing of demonstration programs to illustrate improved provision of health services to those entitled.
   c. Develop and distribute, in coordination with regional offices, materials concerning health, medical, nutrition and mental health education.
2. Regional
   a. Schedule and coordinate on-site T/TA visits.
   b. Coordinate activities in regional health training and technical assistance.

HEALTH-Nutrition/Food

INTERAGENCY AGREEMENT
BETWEEN
THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
HEAD START BUREAU
AND
THE U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE
May 1994

PURPOSE
The Purpose of this Interagency Agreement is to enable the Head Start Bureau, Administration for Children and Families (ACF) of the Administration for Children Youth and Families (ACYF), and the Food and Nutrition Services (FNS), to work together on publishing and disseminating the Head Start nutrition technical assistance resources for parents of Hispanic children enrolled in Head Start, entitled "Padres Hispanos En Accion," through the U.S. Department of Agriculture (USDA) Nutrition Education and Training Program (NET).

OBJECTIVES
1. To publish and disseminate nutrition education materials to Head Start grantees, with a special focus on those located in the 20 States with the highest Hispanic enrollment and migrant programs.
2. To conduct a national training workshop for State NET Coordinators and Hispanic trainers from the 20 designated States for them to learn about the materials and develop strategies for working with Head Start grantees on use of the materials.
3. To implement the training by Hispanic trainers with the grantees.

BACKGROUND
In 1991-1993, the Kraft General Foods Foundation funded a nutrition education project for Hispanic parents of Head Start children ("Padres Hispanos En Accion Por Una Sana Generacion"). The American Home Economics Association (AHEA) received the award to administer the project to develop culturally specific nutrition education materials for Mexican-American, Puerto Rican and Central American parents and their children. The materials include (1) a calendar, with nutrition message and recipes, (2) a three part video which can be used for each of the three Hispanic sub-populations, (3) a training guide for use of the materials, and (4) slide and overhead projection resources which can be used in teaching people about the whole project. The materials were field tested with Head Start grantees and are ready for reproduction and dissemination through training workshops.

In addition to the project staff at the AHEA headquarters, the project was guided by a national advisory committee composed of individuals with expertise in nutrition, nutrition education, Hispanic community relations, early childhood education, bilingual communications, instructional materials development, and other relevant specialties. Major Federal partners were the U.S. Department of Health and Human Services, which provided additional support from the Head Start Bureau, and the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS).

FNS administers the Nutrition Education Training Program (NET) which has a mandate to provide nutrition education to all children participating in or eligible to participate in the Child Nutrition Programs. The Head Start Programs receives meal reimbursement under the Child and Adult Care Food Program, thus, children and parents in families enrolled in Head Start are a NET Program target audience.

The Secretary of Agriculture provides allocations for NET activities in each State, based on enrollment in

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child care programs and school programs. Each State employs a NET Program Coordinator who develops a State Plan at the beginning of each Reauthorization period, with annual updates, based on a needs assessment for the State. Participation of the State NET Program Coordinators in the implementation of "Padres Hispanos En Accion" will enable them to provide activities for the Hispanic children and their parents that meet their educational needs most effectively.

TARGET POPULATION

Hispanic populations comprise 23% of the Head Start enrollment, with the majority of them enrolled in 20 States. In addition to being a major part of the Head Start population, they also receive less preventive health care, a deficiency which is related to language and cultural barriers, health care costs, limited health insurance coverage, geographic inaccessibility and inadequate transportation, especially for migrants. This lack of preventive health care increase health risks.

The twenty States with the highest Hispanic Head Start enrollment (including Migrant children), in descending order, are: California, (over 30,000); Texas, Puerto Rico, New York, (over 20, 000); Illinois, Colorado, New Mexico, (over 4,000); Florida, Arizona, Washington, New Jersey, (over 3,000); Massachusetts, Virginia, Pennsylvania, (over 2,000); Oregon, Connecticut, Michigan, Idaho, Ohio (over 1,000); and Minnesota (900). These total approximately 1,200 grantees and delegate agencies and 145,000 Hispanic children. There are an additional 30,000 Hispanic children enrolled in the remaining States and territories.

In conjunction with the development of the Hispanic education materials a needs assessment in several Head Start pilot sites identified three primary nutritional concerns for 3-5 year old children: stunting, overweight/obesity and iron deficiency anemia. Factors that contribute to these problems include poverty, lack of exercise, low educational attainment levels, lack of cultural assimilation, limited access to medical care and lack of appropriate nutrition education materials for Hispanic parents.

DESCRIPTION OF TASKS

Through this Agreement the tasks outlined below will be conducted. In the event that additional tasks are identified or some tasks are considered non-essential, this work plan maybe amended during the implementation period.

I. With funds transferred through this Interagency Agreement, USDA will publish the three training materials developed in "Padres Hispanos En Accion."

A. The Head Start Bureau will transfer the following materials to the Food and Nutrition Service:

1. A calendar, with photos, recipes and nutrition messages. The calendar will be undated, with spaces for recipients to fill in dates and years, so it can be reproduced for use over an indefinite period.
2. Three separate 15 minutes videos on one tape. Using a novella format, each video has a story which is repeated in each of the three videos, followed by a different ending for each video, written especially for one of the three sub-cultural groups which comprise the target audiences. A brochure on the video will be supplied which will be included with each copy.
3. A training guide, containing suggested training sessions and strategies, as well as English translations of the calendar and the video scripts.

B. Jointly, the Head Start Bureau and the Food and Nutrition Service (FNS) will develop a user response form to be added to the training manual which will enable the agencies to assess the training accomplished.

C. USDA will complete the final editorial and dietary guidance review of the materials, incorporating any mutually agreed upon changes for compliance with USDA and DHHS standards.

D. USDA will publish the three materials in the following numbers:

- 160,000 calendars
- 2,500 training guides

- 2,500 videos with brochures

E. The Head Start Bureau will transfer to FNS 25 sets of project orientation materials designed in the form of transparencies for overhead projection. Each of the participating State NET Coordinators will receive a set to introduce the "Padres Hispanos En Accion" educational program to various audiences.

F. The USDA will distribute the materials to the grantees and delegate agencies with 20% or more Hispanic children enrolled in each area of the States in which the State NET Coordinator elects to participate in the training program. The specific distribution plan will be jointly determined with the Head Start Bureau.

II. Training of Head Start Grantees and Delegate Agencies in the Use of the Materials

A. The Food and Nutrition Service will offer the opportunity to and encourage the participation of the NET staff, in the 20 States which have the highest Hispanic Head Start enrollments, totalling approximately 145,000 children/families, in a dissemination and training strategy for the use of the materials. This strategy will include:

1 USDA will provide resources and conduct a national training workshop for the State NET Coordinator and one designated Hispanic trainer from each of the participating States, at which they would learn about the materials and develop strategies for working with Head Start grantees in learning how to use them. An educational plan for the workshop will be developed and resource materials produced as a joint activity of the Head Start Bureau and the Food and Nutrition Service. Estimated completion date: September 1994.

2. Participating NET Programs, will provide on site and other types of training and technical assistance to Head Start grantees in each of the States on the use of the nutrition materials. Estimated completion date: December 1996.

B. The Head Start Bureau will make arrangements for the Head Start Technical Assistance Support Centers (TASCs) to contact the participating NET Program Coordinators in their respective jurisdiction to provide telephone consultation regarding: 1) the identification of Hispanic trainers, and ongoing training and technical assistance events; and 2) available information about Head Start grantees.

C. The Head Start Bureau will provide for each participating State NET Program coordinator a listing of names and addresses of grantees and their respective delegate agencies with 20 percent or more Hispanic children enrolled along with the name of a contact person and/or a telephone number for each grantee.

HEALTH-Nutrition/Food

INTERAGENCY AGREEMENT
BETWEEN
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
HEAD START BUREAU
AND
U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE
June 1994

PURPOSE

The purpose of this Interagency Agreement is to enable the Administration on Children, Youth and Families (ACYF) of the Administration for Children and Families to participate in a U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) study of coordination between the Head Start program and the Special Supplemental Food Program for Women, Infants, and Children (WIC). This study will identify overlapping program standards; potential areas of collaboration; and potential barriers to coordination. It will also: identify and briefly describe innovative current efforts of Head Start and WIC programs working together at the local level to better meet the needs of low income children and families; and create a technical assistance manual which will provide local WIC and Head Start program staff with information on potential areas of collaboration.

BACKGROUND

The Head Start health component offers comprehensive medical, dental, mental health and nutrition services to all children enrolled in the program. The focus of these services is on prevention and early intervention. The nutrition part of the Head Start health services component helps provide food which will meet the child's daily nutritional needs, taking into account individual differences and cultural patterns. It also helps staff, children and parents understand the relationship of nutrition to health, factors which influence food practices, a variety of ways to provide for nutritional needs, and to apply this knowledge even after leaving the Head Start program. Head Start programs involve all staff, parents and other community agencies as appropriate in meeting a child's nutritional needs so that nutritional care provided by Head Start complements and supplements that of the home and community.

WIC provides supplemental foods, nutrition education, and health care referrals to low-income pregnant, breastfeeding, and postpartum women; infants; and children up to age five who are at nutritional risk. WIC is designed to offset the increased risk of adverse health outcomes resulting from inadequate nutrition.

WIC and Head Start share a number of common goals which include: providing nutrition services to preschool children of low income families; promoting and providing access to health care services; providing nutrition education to parents; preparing parents to make informed decisions about the physical and emotional well being of their children; making referrals to social services agencies; and assessing immunization status of children and/or encouraging local programs to provide access to immunizations.

DESCRIPTION OF TASKS

The objectives of this study are to:

1. Develop a description of the overlap in program standards, particularly in the areas of eligibility determination and nutrition education, in order to streamline the enrollment process for participants and to prevent duplication of services;
2. Identify potential barriers to coordination between Head Start and WIC;
3. Identify innovative current examples of Head Start and WIC coordination at the local level;

4. Prepare a technical assistance manual for use by Head Start and WIC local agency staff.

The study will begin with a review of WIC and Head Start regulations and standards. A plan for data collection, protocols for data collection, and data collection instruments will be developed. Head Start and WIC programs which are known to have innovative program linkages will be identified. The final phase of the study will focus on development of a final report and a technical assistance manual on Head Start and WIC collaboration.

HEALTH-Nutrition/Food

INTERAGENCY AGREEMENT
BETWEEN
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
HEAD START BUREAU
AND
U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE
September 1993

PURPOSE

The purpose of this Interagency Agreement is to enable the Administration on Children, Youth and Families (ACYF) of the Administration for Children and Families to participate in a U.S. Department of Agriculture (USDA), Food and Nutrition Services (FNS) study of the Child and Adult Care Food Program (CACFP). The FNS plans to study nutritional aspects of the child care component of the CACFP, including the nutrient composition of the meals served to those Head Start children who are part of the national sample. The study will examine (1) the nutritional composition of the CACFP meals that are offered to children, (2) the nutritional contribution of CACFP meals to children's meal-specific and 24-hour dietary intake, and (3) factors that affect child care providers' ability to prepare meals that meet Dietary Guidelines. Head Start funds will be used to increase the sample of Head Start centers in the study and to compare how well Head Start centers are meeting the Dietary Guidelines in relationship to non-Head Start centers.

BACKGROUND

The nutrition component of Head Start provides every child in a part- or full-day program with meals and/or snacks which provide at least 1/3 to 2/3 of the child's daily nutritional needs depending on the length of the program, as established by the Recommended Dietary Allowance of the National Research Council, National Academy of Sciences.

Families receive education in the selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education so that they can fulfill their major role and responsibilities for the nutritional health of the family.

Staff receive education in the principles of nutrition and their application to child development and family health, and learn ways to create a good physical, social and emotional environment which supports and promotes the development of sound food habits.

The Food and Nutrition Service has been an important partner with Head Start for many years. The FNS supplements the Head Start program's food and nutrition resources by reimbursing the food costs for eligible children, by supporting direct food service costs such as the salaries of cooks and the purchase of equipment, and by reimbursing the administrative costs for food related expenditures such as the salaries of the nutritionist and food service managers. This reimbursement assures that most of the cost of food service in Head Start is borne by non-Head Start resources.

DESCRIPTION OF TASKS

The CACFP Nutrient Study will investigate the nutrient composition of meals offered to and consumed by children enrolled in a nationally representative sample of child care settings.

The focus of the overall study is to:

(1) determine the nutrient composition of meals offered by child care programs;
(2) determine the contribution of CACFP meals consumed to participating children's meal-specific and 24-hour intake;

(3) determine the extent to which meal preparers' nutrition knowledge, food purchasing practices, and meal preparation practices affect their ability to prepare meals that meet the Dietary Guidelines; and

(4) describe the characteristics of children, their families and child care organizations, that participate in CACFP.

The first phase of the CACFP Nutrient Study will investigate the nutrient composition of meals offered to children enrolled in a nationally representative sample of child care settings, all of which participate in CACFP. The CACFP FY 1993 funds will be used to expand the Head Start sample of centers and to enable comparisons of Head Start centers with non-Head Start centers in relation to meeting the Dietary Guidelines.

HEALTH-Nutrition/Food

INTERAGENCY AGREEMENT
BETWEEN
HEAD START BUREAU
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
SUPPLEMENTAL FOOD PROGRAMS DIVISION (SFPD)
FOOD AND NUTRITION SERVICE (FNS)
UNITED STATES DEPARTMENT OF AGRICULTURE
October 1994

PURPOSE AND SCOPE

The purpose of this Interagency Agreement is to establish a collaborative relationship between the Head Start Bureau and the Supplemental Food Programs Division at the Federal level. These agencies will work together to promote and support Regional, State and local efforts to improve program coordination and services delivery for low-income children and their families who are eligible to participate in the Head Start Program and the Special Supplemental Food Program for Women Infants and Children (WIC).

AREAS OF STATE AND LOCAL COLLABORATION

Both Head Start and the WIC Program are encouraged to work together at the State and local level to better meet the needs of low-income children and their families. Areas for targeting collaborative efforts include:

A. Nutrition Services

WIC and Head Start are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition service to low-income children and their families. In order to accomplish this, both programs are encouraged to identify areas of commonality, such as nutrition assessment and education; gaps in services; and practices that have found to be most effective for each program. For example, both WIC and Head Start require a nutrition assessment which includes height, weight, anthropometric, and dietary information. State and local agencies are encouraged to identify ways to minimize duplication of effort in obtaining this information from persons enrolled in both programs.

B. Nutrition Education

WIC and Head Start are encouraged to exchange educational approaches and materials for children by inviting representatives from the respective programs to attend local, State, regional, and national meetings. In addition, Head Start is encouraged to invite a WIC representative to serve on the Head Start Policy Council and Health and Nutrition Advisory Committee. To the extent available, WIC State and local agencies are encouraged to provide Head Start with WIC nutrition education materials. When appropriate, both programs are encouraged to provide nutrition education contacts for WIC and/or Head Start participants.

C. Shared Information

WIC and Head Start are encouraged to share statistical, medical and eligibility information regarding participants to the extent that confidentiality policies permit. In addition, both programs are encouraged to shared information for community needs assessment. If opportunity allows, WIC and Head Start may consider co-sponsoring community resource fairs and community information sessions. The programs are urged to welcome and encourage contributions to WIC and Head Start bulletins and newsletters. Also, Head Start is encouraged to provide WIC with Head Start menus for the purpose of developing WIC nutrition education lessons.

D. Display of Information

WIC and Head Start are encouraged to obtain and display information on each other's programs (bilingual brochures, posters, etc.) for the purpose of referring potential eligible participants; and to inform participants about program locations and services. For informational purposes, the Head Start Program is encouraged to periodically invite a WIC representative to be a guest speaker at the Head Start Parent Involvement Day.

E. Other Health Care Services and Referrals

WIC and Head Start are encouraged to identify other health care services and referrals available to program participants, such as EPSDT/Medicaid. Whenever possible, the programs may consider using a joint application form, such as the "Model Application Form", in an effort to improve efficiency, time, and cost-effectiveness. The programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service.

F. Immunization Screening and Referrals

WIC and Head Start are encouraged to share useful approaches to providing immunization services through program staff or referral agencies. This may be achieved by coordinating efforts to provide full access to immunizations for preschool age children served by Head Start, PCC, and WIC.

G. Special Grant Project and Referrals

Where Head Start grantees have been awarded special grants, they will be encouraged to work with local WIC agencies to identify appropriate community resources for purpose of participant referrals.

H. Staff Training

WIC and Head Start are encouraged to develop joint staff training opportunities for persons responsible for nutrition education.

I. Volunteer Services

WIC and Head Start are encouraged to exchange information on the training and use of volunteers within each program. Both programs may share guidelines, materials, management techniques, and experiences.

RESPONSIBILITIES

Areas of Collaboration at the Federal Level/Both Agencies

Both agencies will inform their grantees, through regional offices, that they encourage the establishment of written agreements to share participant information for eligibility and outreach purposes, in accordance with applicable regulations, guidance and instructions.

Actions that the Head Start Bureau and SFPD will encourage at the Federal level are:

(1) Jointly develop a "Best Practices Guide" which will feature examples of successful local level collaboration efforts.

(2) Share information on new program initiatives, policy guidance materials and legislation impacting on program participants. Encourage joint staff training on eligibility guidelines.

(3) Encourage State and local Head Start and WIC Programs to adopt and use a joint application form such as the "Model Application Form."

(4) Encourage the development of Regional, State and local memoranda of understanding between WIC and Head Start to foster coordination of service and working relationships at the State and local levels.

(5) Support research projects which review and evaluate efforts, policies, and proposals to coordinate with other programs.

(6) Provide WIC State agencies with the Directory of Head Start Programs, Parent Child Centers, and names of State National Head Start Association (NHSA) presidents.

(7) Provide Head Start Programs and Parent Child Centers with contact information for WIC Program State agencies.

(8) Encourage local WIC and Head Start agencies to share management techniques, experiences, and program guidelines.

(9) Conduct periodic meetings between the Head Start Bureau and SFPD to discuss progress in meeting goals of the Interagency Agreement and the development of a plan to publish and disseminate the "Best Practices Guide."

(10) Encourage local WIC and Head Start agencies to support co-location.

HEALTH-Nutrition/Food

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE FOOD AND DRUG ADMINISTRATION
PUBLIC HEALTH SERVICE
AND
THE ADMINISTRATION FOR CHILDREN
YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
OF THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
May 1989

PURPOSE

The purpose of this Memorandum of Understanding is to promote coordination between the Center for Food Safety and Applied Nutrition (CFSAN), Food and Drug Administration (FDA), and the Head Start Bureau (HSB), Administration for Children, Youth and Families (ACYF) in order to achieve greater effectiveness in assuring that feeding programs in Head Start centers conform with Federal food safety and sanitation recommendations.

SUBSTANCE OF AGREEMENT

A. Pursuant to this agreement ACYF, through its Head Start Bureau, will:

1. Collaborate with FDA-CFSAN in the planning or selection and dissemination of publications related to food protection and sanitation for Head Start program center personnel.
2. Consult with FDA-CFSAN in the development of educational programs in food protection and sanitation for parents and staff.
3. Share with FDA information and reports related to illness statistics for Head Start centers and for research and demonstration grants and projects designed to improve food services to children and families.
4. Cooperate with FDA-CFSAN in the development of other initiatives related to food protection and sanitation for low income families as deemed necessary.

B. Pursuant to this agreement, FDA will:

1. Share information as necessary to support special ACYF-HSB grants and projects designed to improve food protection and sanitation and related services to children and families.
2. Provide technical assistance on food protection and sanitation to the ACYF-HSB's National and Regional Offices for their State associations and Head Start grantees.
3. Identify FDA Regional food program specialists who can recommend State and local agency personnel responsible for food service sanitation activities to serve as resources to local Head Start program managers.
4. Identify training facilities available to regional, State and local Head Start programs.
5. Provide assistance in mobilizing State and local resources in food protection and sanitation for meeting the specific needs of Head Start programs.
6. Provide a channel of communication for distribution of technical assistance materials on food protection and sanitation.
7. Cooperate with ACYF-HSB in the development of other initiatives to enhance food protection and sanitation in Head Start centers.

HEALTH-Nutrition/Food

MEMORANDUM OF AGREEMENT
BETWEEN
THE EXTENSION SERVICE
U.S. DEPARTMENT OF AGRICULTURE
AND
THE HEAD START BUREAU
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
March 1983

PURPOSE

The purpose of this Memorandum of Understanding is to promote coordination between the Extension Service, U.S. Department of Agriculture, and the Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services; and to promote outreach to low-income families relative to the respective programs in State Cooperative Extension Services and the Head Start Programs.

BACKGROUND AND AUTHORITIES

The Extension Service engages in extension work pursuant to the Smith-Lever Act, as amended (7 U.S.C. 341-349), to aid in diffusing among the people of the United States useful and practical information on subjects relating to agriculture and home economics.

The Head Start Program was authorized by the Office of Economic Opportunity in 1965 and subsequently by the Head Start Act of 1981 (Section 635 et seq. of the Omnibus Reconciliation Act of 1981, P.L. 97-35). It was mandated to help break the cycle of poverty by providing preschool children from low income families with a comprehensive program to meet their social, health, nutritional, emotional and psychological needs. It provides for the direct participation of parents in the development and overall program direction at the local level.

Programs conducted by the Administration for Children, Youth and Families (ACYF) and the Extension Service (ES) include the dissemination of useful and practical information of mutual interest to both agencies. Accordingly, cooperation and coordination efforts in the conduct of such programs will be mutually beneficial and will avoid needless and duplicative efforts.

RESPONSIBILITIES OF AGENCIES

A. Pursuant to this agreement, the Administration for Children, Youth and Families will:
   1. Provide outreach to low income families and arrange for their referral to the educational programs and services available through the State Cooperative Extension Services.
   2. Cooperate with the ES in the planning or selection and dissemination of publications for children and families related to foods, nutrition, health, family life, and other related areas of home economics to be used at local levels of State Cooperative Extension Services.
   3. Cooperate with the ES in the development of education programs for parents and staff in foods, nutrition, health, family life, and other related areas of home economics at local levels of State Cooperative Extension Service.
   4. Coordinate with the ES in the development of special initiatives related to nutrition and health promotion for low income families.
   5. Share information and reports with the ES related to special grants and projects designed to improve nutrition and related services to children and families.

B. Pursuant to this agreement, the Extension Service will:
   1. Provide outreach to low income families by informing them of programs and services available through the Head Start Programs, and in referral of families for such programs.
   2. Cooperate with ACYF in the development of special initiatives to help low income families

learn about community facilities and services supportive to areas of nutrition and health.

3. Encourage the development of child-parent and parent-staff educational programs in foods, nutrition, and family life, and other related areas of home economics at local levels of Cooperative Extension Service and Head Start Programs.
4. Coordinate with ACYF the development of special initiatives related to nutrition and health promotion for low income families between Cooperative Extension Service and Head Start Programs.
5. Share information between ES and ACYF related to special grants and projects designed to improve nutrition and related services to children and families.

HEALTH-Nutrition/Food

MEMORANDUM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN DEVELOPMENT SERVICES
OCTOBER 20, 1980
(January 1981)

The Head Start Program (HHS/OHDS/ACYF) and USDA's SPECIAL NUTRITION PROGRAMS (USDA/FNS) Funding Agreement. This memorandum will formalize the present informal understanding between HHS and the USDA regarding which agency is the prime provider of funds for food service in Head Start.

Starting in 1974 Head Start grantees were given permission to apply for reimbursement for food and food service costs in USDA's Special Food Service Program (SFSP). In 1975 new legislation created the separate authorization for the Child Care Food Program and the Summer Food Service Program. (P.L. 95-627, the Child Nutrition Amendments of 1978, and the National School Lunch Act provides permanent authorization for the program).

As authorized by Public Law 95-627 and the National School Lunch Act, USDA provide funds to eligible institutions for costs involved in obtaining, preparing, and serving meals (food, labor, utilities, supplies, transportation costs involved in food delivery, and administrative tasks involved in food services) that meet USDA requirements. The institutions are reimbursed for their actual food service costs or the prescribed reimbursement rate for each meal type, whichever is the lesser. The grants-in-aid are thus provided by USDA through performance funding, i.e., the institution is reimbursed after the meals are served to eligible children. Such funds are distributed to the institutions through the administering agency, generally a State agency. In some instances, USDA-FNS directly administers the Program through its Regional Offices.

The Head Start Program delivers comprehensive health, educational, nutritional, social and other services to economically disadvantaged preschool children and their families. It is administered by the Administration for Children, Youth and Families, Office of Human Development Services within HHS. To accomplish its program goals, ACYF has employed a variety of services, including nutritional services, for enrolled children. Head Start grantee programs are administered by the ten HHS Regional Offices and the Indian and Migrant Program Division, where all the funding, audits, budgeting, etc., are coordinated.

ACYF policy is that all Head Start programs participate in USDA's Special Nutrition Programs which include the Child Care Food Program or the National School Lunch Program, the Breakfast Program, and the Special Milk Program (ACYF Transmittal Notice 80.2, April 7, 1980).

In providing financial assistance for the service of meals in Head Start centers participating in the Special Nutrition Programs, the Head Start Program will consider the USDA-FNS funds as the primary source of funding for such meals. That is, USDA-FNS funds will be first considered and used to fund the full allowable cost of the meal service, or as much of the full allowable cost as possible, with HHS-OHDS-ACYF funding supplementing USDA-FNS funding whenever such funding is insufficient to cover the full meal cost.

In order to prevent excessive Federal reimbursement, it will be the responsibility of ACYF to ensure that their grantee budgets are adjusted to reflect the amount of USDA-FNS funds earned or anticipated to be earned during the year by grantee. ACYF will provide the CCFP with a current list of Head Start Grantees. If excessive Federal funding is identified at an institution receiving both Head Start and USDA-FNS funds for food service costs, the excess funds shall be first collected against the Head Start funds and then against the USDA-FNS prime food service funds. Thus the last dollar claimed would be the first dollar remitted to the appropriated administering agency if an overclaim were uncovered.

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HEALTH-Sanitation/Safety

INTRA-AGENCY AGREEMENT
BETWEEN
THE ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
HEAD START BUREAU, AND THE PUBLIC HEALTH SERVICE,
INDIAN HEALTH SERVICE
September 1993

The Indian Health Service (hereinafter referred to as IHS) and Head Start jointly agree to perform the project described below.

PURPOSE
The purpose of this agreement is to provide for cooperation between the Head Start Bureau, Administration on Children, Youth and Families and IHS for the Head Start preschool annual sanitation, safety and maintenance surveys.

DESCRIPTION OF WORK
The Indian Health Service will survey all Head Start preschools serving Native Americans and Alaska Natives for health and safety hazards annually during the program operating year. IHS will contact Head Start if deficiencies observed pose an immediate hazard to the health and safety of the children. Follow-up surveys will be performed within 30 to 90 days after the annual survey if deficiencies are numerous and severe.

The annual survey will be performed by a qualified IHS Sanitarian or a Tribal Sanitarian under the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638). The surveys then will be mailed to the Head Start within 30 days subsequent to the initial inspection.

STANDARDS OR GUIDES
Performance standards contained in Title 45 of the Code of Federal Regulations (CFR), Subpart B, Section 1304.2-3(a) entitled "Education services plan content: Facilities" will be used to determine requirements for space, lighting, ventilation, heat and other physical arrangements consistent with the health, safety and developmental needs of children. These standards will be referred to as the facilities performance standards.

The IHS Sanitarians will use the standards stated in the Food and Drug Administration, PHS, USDHEW. Food Service Sanitation Manual, DHEW Publishing No. (FDA) 78-2081. Washington, D.C.: U.S. Government Printing Office, 1976. for surveying kitchens and food handling for Head Start Preschool.

PARTICIPATING AGENCIES
The American Indian Programs Branch of the Head Start Bureau and IHS will be the only participants in this intra-agency agreement.

HEALTH-Substance Abuse Prevention

INTERAGENCY AGREEMENT
BETWEEN
THE OFFICE OF SMOKING AND HEALTH
CENTERS FOR DISEASE CONTROL
AND
THE HEAD START BUREAU
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
WITHIN
THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
September 1994

PURPOSE

The purpose of this Interagency Agreement between the Office of Smoking and Health (OSH), Centers for Disease Control (CDC) and The Head Start Bureau, Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF) within the United States Department of Health and Human Services (DHHS) is to provide the opportunity to engage in joint efforts to promote smoke-free environments for low-income children and their families who participate in the Head Start program.

This Agreement will support the development and production of resource materials and models to assist Head Start programs in the creation of smoke-free environments; assist staff and parents in smoking cessation and reduce passive smoking in the environment of children and adults. The Agreement will enable OSH to reach a low-income, blue-collar population they might not otherwise serve and will enhance Head Start services by creating a healthy, smoke-free environment for young children and adults whose well-being could be adversely affected by environmental tobacco smoke (ETS).

DESCRIPTION OF ACTIVITIES

The Centers for Disease Control through its Office on Smoking and Health and through contracts it will award to Universities serving as prevention centers and/or State Public Health Departments will conduct activities designed to develop, produce, and demonstrate different models (and associated materials) for Head Start center-based programs to create smoke-free environments. These activities include:

(1) Model Policy Development
Convene focus groups from staff of Head Start programs and the parents of the target population as a prelude to the development of model policies for Head Start programs. The aim of these model policies will be to help in the creation of smoke-free environments and other efforts to eliminate tobacco products which adversely affect the health and well-being of adults and children in Head Start programs.

(2) Smoke-Free Environments
Develop a framework and component parts of a plan to establish a smoke-free environment appropriate in a Head Start setting.

(3) Smoking Cessation
Identify and help to implement viable smoking cessation programs which would appeal to low-income adults (parents and staff in Head Start programs) and not adversely affect their weight.

(4) Pre-school Smoking Prevention Curriculum
Identify or create a pre-school smoking prevention curricula and audio-visual aids appropriate for children in a Head Start setting.

(5) Resource Guide
Develop a comprehensive resource guide which identifies existing programs, materials and resources that can be used in implementing the creation of a smoke-free environment/smoking cessation program in Head Start. In addition, criteria for evaluating existing materials should be developed for use by Head Start programs.

AREAS OF RESPONSIBILITY

ACF/ACYF will:

(1) Transfer funds to CDC/OSH within thirty days of signature of this Agreement for obligation by OSH to fund the activities described in this Agreement under III [(1), (2), (3), (4), and (5)].

(2) Designate a Project Officer to carry out ACYF's responsibilities and serve as consultant and liaison with the CDC/OSH.

(3) Participate in organizational meetings and discussions with those organizations selected by CDC/OSH to carry out the intent of this agreement.

(4) Review, comment, and concur on the plans for this project as laid out by CDC/OSH.

(5) Review and comment on all quarterly progress reports, quarterly financial reports and annual technical reports from contractors using funds obligated as a result of this Interagency Agreement.

(6) Review, comment, and concur on products, publications and other materials prior to publication.

(7) Make recommendations to CDC/OSH Project Officer for changes in the contracts with the consultants or product developers as deemed necessary to assure a successful product.

(8) Provide guidance on using the Head Start logo for all materials developed under this agreement for use by Head Start programs.

(9) Ensure that the draft materials receive all appropriate reviews required by ACF/ACYF and that all publications and materials produced through contracts will be designated to be the property of the Federal government.

The CDC/OSH will:

(1) Receive and maintain accountability for ACF/ACYF funds transferred to it under this Agreement.

(2) Designate a Project Officer to carry out the CDC/OSH responsibilities and serve as liaison with ACF/ACYF.

(3) Monitor the activities that are funded. Inform the ACF/ACYF Project Officer in advance of scheduled meetings with contractors and of any anticipated problems or delays in execution of activities. If meetings are held outside of Washington, D.C., arrange for a teleconference call with ACF/ACYF Project Officer in order to advise and inform regarding progress and/or problems.

(4) Provide copies of quarterly and annual technical and financial reports to the ACF/ACYF Project Officer. Also provide draft products and publications to the ACF/ACYF Project Officer for review and concurrence.

HEALTH-Substance Abuse Prevention

INTERAGENCY AGREEMENT
BETWEEN
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
OFFICE FOR SUBSTANCE ABUSE PREVENTION
AND
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
HEAD START BUREAU
April 1992

PURPOSE

The purpose of this Interagency Agreement is to establish the following joint activities to be carried out by the Office for Substance Abuse Prevention (OSAP), located in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), and the Head Start Bureau (HSB), located in the Administration on Children, Youth and Families (ACYF) of the Administration for Children and Families (ACF):

1. Joint development and implementation of a Substance Abuse Training for Trainers Curriculum for Head Start grantees;
2. HSB participation in appropriate planning and implementation activities of the OSAP Perinatal Resource Center (PRC);
3. Procedures for establishing HSB access to the OSAP Clearinghouse (National Clearinghouse on Alcohol and Drug Information-NCADI) and for joint mailings of relevant information to OSAP and Head Start grantees; and
4. Activities to promote the inclusion and active participation of Head Start grantees in the OSAP Community Partnership grants.

DESCRIPTION OF SERVICES

Through the Agreement, the following activities will be carried out:

A. Collaboration on Training

The OSAP will collaborate with HSB on the development and delivery of substance abuse training materials for Head Start grantees. These materials will focus on child development, child and family assessment and family support strategies appropriate to the mission of the Head Start program as expressed in its legislation, policy and Program Performance Standards.

Specific issues to be addressed by the Training materials described above include: how to work with families to identify their problems with addiction and seek help; how to support children and families where a parent is in treatment or aftercare, and; how to support and stabilize a family's capacity to parent a child where addiction is an unaddressed problem and the children are being informally cared for by extended family members.

The following tasks will be carried out in support of this collaboration:

1. The OSAP will furnish from OSAP resources one training design consultant for 4 days to work with a HSB contractor in developing and delivering a Head Start substance abuse training program by May 31, 1992.
2. Following the delivery of the training program, through funds provided by this Interagency Agreement, OSAP will provide ongoing consultation to finalize a Head Start Substance Abuse Training Curriculum based on the training program, and to design a companion Training for Trainers Guide that will prepare staff with the information and skills necessary to train persons to use the Head Start Substance Abuse Training Curriculum.
3. Following completion of the training materials described in (2) above, through funds provided by this Interagency Agreement, the OSAP will furnish consultation and leadership resources to conduct a Substance Abuse Training Workshop in Washington, D.C., in the fall of 1992 for interested Head Start grantees and contractors and relevant

OSAP and OTI grantees and contractors. Plans for the fall Training Workshop, including selection of the trainers, will be developed in close collaboration with the HSB. The training materials described in (2) above will be used to conduct the training.

The ACYF/HSB will transfer funds to OSAP to contribute to the costs of activities described in (2) and (3) above. Participants will be expected to pay their travel and per diem expenses through funds provided by their respective funding agencies. Every effort will be made to avoid a registration fee.

B. Collaboration involving the OSAP Perinatal Resource Center

- The ACYF will have representation on the OSAP Perinatal Resource Center's Technical Assistance Committee as well as staff participation in appropriate Technical Expert Groups that address child and family concerns.
- The HSB will have representation on the planning committee for a national conference on perinatal issues planned by OSAP for July 1992
- The HSB will participate in both the planning of the conference and the conference itself
- The OSAP Perinatal Resource Center will include relevant information provided by the HSB, as appropriate, in its national database.
- Additional ongoing opportunities for collaboration between the HSB and OSAP will be identified during the first 6 months of this Agreement.

C. Collaboration between the HSB and the National Clearinghouse on Alcohol and Drug Information (NCADI)

- The OSAP and HSB will work together to develop semiannual mailings of appropriate information and materials to each of their respective sets of grantees. Information about this Agreement will be included in these mailings.
- The OSAP and NCADI will work with the HSB to establish opportunities, as appropriate and possible, to connect the HSB or relevant contractors or grantees with the NCADI Electronic Bulletin Board and the OSAP RADAR electronic communications system. The OSAP will offer software, and ACYF has the responsibility for providing hardware capability.

D. Collaboration between Head Start Grantees and OSAP Community Partnership Grantees

- The OSAP and the HSB will collaborate on language for a future OSAP program announcement for the Community Partnership Grant applications that will provide strong support for systematic inclusion of Head Start grantees in the Community Partnerships.
- The HSB will work with OSAP to develop strategies for encouraging and supporting the involvement of Head Start grantees in already-funded OSAP Community Partnership Grants.
- The HSB will have the opportunity to participate in the OSAP-sponsored Community Partnership meeting in November 1992.

HEALTH-Substance Abuse Prevention

INTRA-AGENCY AGREEMENT
BETWEEN
INDIAN HEALTH SERVICE
AND
ADMINISTRATION FOR CHILDREN AND FAMILIES
August 1992

To cooperate in the provision of support for the "Northern Plains Interdisciplinary Consortium for the Prevention of Alcohol-Related Developmental Disabilities" Project.

BACKGROUND
The effects of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) (The diagnosis of FAS requires three clinical findings: (1) typical moronological chances, (2) growth retardation, and (3) developmental delay. The diagnosis of FAE includes a number of less well defined, nevertheless important, subtle physical findings, developmental delay, and behavioral abnormalities in individuals who were exposed to alcohol in utero.) are devastating and permanent. Fetal Alcohol Syndrome and FAE occur when the human embryo, fetus, or both are exposed to alcohol in utero. Thus, FAS/FAE can be prevented; pregnant women who avoid alcohol do not give birth to babies with FAS/FAE.

Fetal Alcohol Syndrome and FAE are not confined to racial, ethnic, or national boundaries. However, epidemiologic data suggest that some American Indian and Alaska Native (AI/AN) populations experience excessive incidence and prevalence rates of FAS/FAE. The reasons for these excessive rates are not always clear but, in every event, are associated with alcohol ingestion by women while they are pregnant.

Among American Indians in the Aberdeen Area Indian Health Service (IHS), (The Aberdeen Area IHS serves 19 American Indian Tribes in four States: North Dakota, South Dakota, Nebraska, and Iowa. For health related issues, these 19 Tribes have organized the Northern Plains Tribal Chairmen's Health Board.) the incidence and prevalence rates of FAS/FAE are not completely characterized but appear to be well above the National rates for the general United States (U.S.) and AI/AN populations. (Healthy People 2000 objectives under Maternal and Child Health gives a current baseline FAS incidence of 0.22 per 1,000 live births in the general population and of 4.0 per 1,000 in AI/AN in 1987.) One preliminary study in the Aberdeen Area found an FAS incidence rate of 24 per 1,000 live births as opposed to less than two per 1,000 live births estimated for the general population.

An infant mortality rate that is twice the national average (In 1987, the U.S. average infant mortality rate was 10.7 compared to a rate of 19.8 (average for (1986-1988) in the Aberdeen Area. Regional Differences in Indian Health 1991.) is documented among American Indians in the Aberdeen Area. Thirty-one percent of these were because of Sudden Infant Death Syndrome (SIDS) and 12 percent to Congenital Anomalies. The possible association of alcohol exposure in utero and these causes of infant mortality have not been established.

Concern by the National Organization on Fetal Alcohol Syndrome (NOFAS) about the high incidence of FAS/FAE in the Aberdeen Area led to meetings with the Director, IHS, and other IHS program professionals. The NOFAS, in cooperation with the IHS, provided coordination and leadership in the formation of an interagency workgroup within the Department of Health and Human Services (DHHS) to develop a consolidated and focused effort addressing the needs of AI/AN victims of FAS/FAE and the prevention of FAS/FAE. This Intra-agency Agreement (IAA) is the product of this effort.

PURPOSE AND SCOPE
The purpose of this IAA is to consolidate Federal resources and to establish a mechanism for improving the capacity of the Aberdeen Area Tribal Chairmen's Health Board in its efforts to reduce the incidence of FAS/FAE and of infant mortality in the Aberdeen Area IHS.

The Aberdeen Area is unique in that the 19 tribes it serves jointly established a health board composed of a chairmen of each tribe. The purpose of this board, the Aberdeen Area Tribal Chairmen's Health Board (AATCHB), administers and oversees health related initiatives for the Northern Plains Indians served by the Aberdeen Area IHS.

Through this IAA, the IHS and the Administration for Children and Families (ACF) will consolidate several specific funding resources into a focused FAS/FAE prevention effort. These are: (1) IHS activities including Community Health Representatives (CHR), Health Education, Alcohol and Substance Abuse (ASA), Maternal and Child Health, and the Aberdeen Area Office; (2) ACF activities, including the Administration on Developmental Disabilities (ADD), Administration for Native Americans (ANA), And Administration on Children, Youth, and Families (ACYF). This combined Federal Support will enable the AATCHB to develop and implement more effective and efficient prevention programs designed to have an impact on the common factors (alcoholism, family dysfunction, adolescent pregnancies, poverty, etc.) that are associated with high incidence rates of FAS and postneonatal infant mortality. (The infant mortality rate in the Aberdeen Area IHS in 1986-1988) was approximately 19.8, and the postneonatal infant mortality rate was 11.9, over three times the general national rate.)

The IAA also will enable an intra-agency transfer of funds to the IHS and the IHS to make an appropriate transfer of funds to the AATCHB. These funds will enable the AATCHB to meet the goals and objectives of the Northern Plains Interdisciplinary Consortium for the prevention of Alcohol Related Developmental Disabilities (ARDD) Project. The evaluation of these outcomes is included in the ARDD project proposal. The expected health status outcomes will be a reduction of FAS/FAE, as well as a reduction in American Indian infant mortality in the Aberdeen Area.

SUBSTANCE OF AGREEMENT

Goals and Objectives: The ultimate goal of the IAA is to bring together various professional discipline and intra-agency resources for the purposes of enhancing the capacity of the AATCHB to coordinate the surveillance, diagnosis, prevention, and treatment of ARDD in the Aberdeen Area IHS. This coordination includes the identification of health professionals and other State, tribal and Federal sources, and the utilization of these personnel and resources in the implementation of the Training Component of the ARDD Project.

This IAA specifically will support training and education designed to strengthen community and family outreach. The following goals and objectives are summarized from the Training Component of the ARDD project proposal:

(G)oal I To provide comprehensive community based training in the prevention and treatment of ARDD.

(O)bjs.
- To increase ARDD awareness and knowledge among health and education professionals and community members and leaders.
- To identify, assess risks, and track pregnant women who are at risk for ARDD.
- To train health professionals and CHR in identification and management of ARDD.
- To provide community based training in ARDD for women of child bearing age and their spouses and families.
- To train education professionals, including Head Start, infant, and toddler programs, in recognition and referral of ARDD.

G II To establish and train Community Response Teams that will be fully aware of and actively involved in ARDD surveillance.

- To refer children at-risk for ARDD for surveillance and clinical evaluation.
- To assist families at-risk for ARDD to access the services that are available through the surveillance and tracking system.
- To identify and assist all women, at-risk for giving birth to an infant with ARDD, in finding appropriate support services and treatment.

G III To train Community Response Teams to be the primary community contact for the coordination of interdisciplinary educational interventions for children with ARDD.

- To coordinate the education resources for children with ARDD.
- To make available information on referral, curricula, and other resources for agencies and organizations involved in services for children and families with ARDD.
- To coordinate case management services for children with ARDD in the community.
- To coordinate transition services for children with ARDD in the Community.

G IV To provide a system of followup and tracking of the inter-disciplinary needs of children with ARDD

- To coordinate inter-disciplinary services to ARDD children and their families.
- To provide a community based resources center for persons working with children with ARDD.
- To provide support for infants and children who are receiving services through Public Law 99-457.

The ARDD project recognizes the need and importance of treatment (Goal V) for women who are at risk of giving birth to an infant with ARDD. The funds generated through this IAA will not be used for direct medical treatment services. However, through the training provided by the project, the Community Response Teams will become actively involved in the implementation of education efforts to reduce alcohol and drug use in women at risk of giving birth to an infant with ARDD.

The Head Start funds in support of this IAA will be used specifically for a Head Start Training Coordinator in the Aberdeen Area. This coordinator will provide on-site technical assistance and group training to enable the Aberdeen Head Start programs to participate fully in the objectives and activities of this project.

Responsibilities: Since this agreement involves several agencies and funding activities, the Project Officers for the IAA will collaborate to ensure efficient support for the implementation of the ARDD project. In order to avoid duplication in reporting and evaluation procedures, each party to this IAA agrees to cooperate in the development and implementation of a single data management format and procedure.

To facilitate and document this collaboration, the Project Officers will meet (in person or through telecommunications) every 3 months. This group will address various aspects of the project as necessary and will represent their agencies in coordinating recommendations regarding extensions, modifications, and funding levels in subsequent years of the project.

Specific responsibilities include the following:

Indian Health Service

- The IHS will be the lead agency for this IAA.
- The funds for this Project will be managed by the IHS Headquarters and distributed to the AATCHB as required in the grant.
- The IHS Project Officer, located in the Aberdeen Area IHS Rapid City, South Dakota, will monitor the progress of the project and forward evaluation reports to every Project Officer every 3 months.
- With leadership from the IHS Headquarters-East Project Officer (or designee) the Project Officers named in this IAA will meet or tele-conference as necessary to review and discuss the progress of the project.
- The Aberdeen Area IHS will provide appropriate technical assistance (e.g., health program, administrative, data management) to the project when requested.

Administration on Children, Youth and Families

- The ACYF will review the project evaluation reports and provide advice, information, and assistance as needed by the Project Director.
- The ACYF Project Officer (or designee) will participate in quarterly meetings for the purposes of reviewing findings and recommending actions for the project.

Administration for Native Americans

- The ANA will review the project evaluation reports and provide advice, information and assistance as needed by the Project Director.
- The ANA Project Officer (or designee) will participate in quarterly meetings for the purpose of reviewing findings and recommending actions for the project.

Administration on Developmental Disabilities

- The ADD will review the project evaluation reports and provide advice, information, and assistance as needed by the Project Director.
- The ADD Project Officer (or designee) will participate in quarterly meetings for the purposes of reviewing findings and recommending actions for the project.

HEALTH-Substance Abuse Prevention

INTERAGENCY AGREEMENT
BETWEEN
THE OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION
AND
THE ADMINISTRATION FOR CHILDREN AND FAMILIES,
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES,
HEAD START BUREAU
May 1991

PURPOSE
This Agreement between the Administration for Children and Families, Administration for Children, Youth and Families, Head Start Bureau ("Head Start") and the Office of the Assistant Secretary for Planning and Evaluation ("ASPE") is a Reimbursable Work Agreement for "Drug-Exposed Children in Educational Settings: A Technical Assistance Package."

A Background
Existing knowledge about the educational needs of drug-exposed children is preliminary, and it will take a number of years before definite information is available. Yet, large numbers of drug-exposed children are already beginning to enter the nation's educational systems and the Head Start program, particularly in urban areas. Teachers and Head Start staff cannot wait for definite information to become available; they must work with these children now

The Head Start Bureau administers 1,283 preschool programs for low-income children throughout the United States. A number of drug-exposed children are currently enrolled in Head Start, and the number is expected to grow larger.

A number of Federal agencies will participate in this project. The agencies are: ASPE, the Head Start Bureau, the Alcohol, Drug Abuse and Mental Health Administration's National Institute on Drug Abuse (NIDA) and Office for Substance Abuse Prevention (OSAP), and the Department of Education.

B. Purpose
The purpose of this project is to make information on the characteristics and special educational needs of drug-exposed children available in a form that is suitable for in-service and other forms of training for public school and Head Start personnel.

This project will be carried out by contract. The contractor will develop several products for preschool (including Head Start) staff, elementary school teachers and other school personnel: (1) a video for in-service training of school personnel and Head Start Staff; (2) a user's guide to accompany the video; and (3) a manual for education administrators, decision makers and other school or Head Start personnel. These products will describe what is known about drug-exposed children, the challenges they may pose for teachers, and promising strategies for working with these children in the classroom and the Head Start program.

The information will be obtained by conducting a review of published and ongoing research in this area and a consensus development process. The consensus development process will be used to generate a consensus among experts on what is known about the characteristics and needs of drug-exposed children in educational settings. After the consensus development process, a working group composed of experts within and outside the Department of Education will be convened. The working group will assist the contractor with translating the information gained from the literature review and consensus process into the final products.

It is anticipated that the results of this project will be helpful as this Department and the Department of Education consider the needs and methods of serving drug-exposed children in the coming years. They will

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also be useful to numerous teachers, education administrators and Head Start staff who are already working with these children.

A. ASPE

ASPE shall commit one staff person to serve as the Federal Project Officer (FPO) for the contract. The FPO will have the following responsibilities:

1. The FPO will serve as the primary liaison for the contractor during the duration of the contract.
   a. The FPO shall conduct the initial orientation meeting with the contractor.
   b. The FPO shall supervise the progress of the contract.
   c. The FPO shall review all contract deliverables in outline, draft and final form.
   d. The FPO shall provide final approval for all contract deliverables.
2. The FPO will serve as the primary point of contact for all other Federal agencies involved in the contract.
   a. The FPO will request that these agencies provide the contractor with information about their programs, grants, and demonstration programs and facilitate contact with researchers, grantees and experts.
   b. The FPO will circulate copies of contract deliverables to staff of these agencies for their review and comment as appropriate.
3. The FPO will determine whether ASPE should exercise Option I of the contract (which permits the contractor to proceed with Phase II of the project). The FPO will make this decision after consulting with all of the Federal agencies involved in the contract.

B. HEAD START

The Head Start Bureau shall appoint a staff person to serve on a Federal staff project committee. This staff person will serve as a resource to the contractor throughout the project and review all contractor deliverables. In addition, the staff person will provide guidance to ensure that certain deliverables are appropriate for use by the Head Start teachers and staff.

The Head Start Bureau's specific areas of responsibility are the following:

1. Head Start shall transfer funds in FY 1991 to ASPE to support the development of a video, user's guide and manual on the characteristics and educational needs of drug-exposed children; these products will be designed specifically for use by the Head Start program.
2. Head Start shall appoint a staff person to serve on a Federal staff project committee. The members of this committee will serve as a resource to the contractor and review all contract deliverables.
3. Head Start shall provide ASPE with suggestions for the membership of the working group and the consensus development process.
4. Head Start shall assist the contractor with securing the participation of any Head Start staff who are selected to participate in the working group or consensus development process.
5. Head Start shall review and comment on the proposed list of statements for use in the consensus development process.
6. Head Start shall participate in ASPE's decision as to whether the project should proceed to Phase II.
7. Head Start shall be available to the contractor during the development of the video plan, video script and user's guide for guidance on content appropriate to Head Start.
8. Head Start shall be available to the contractor during the development of the dissemination plan for all products.
9. Head Start shall be available to the contractor for consultation during the production of the video for guidance on content appropriate to Head Start.
10. Head Start shall assist the contractor with the selection of participants in a Head Start focus group to review the products. Head Start shall also assist with securing the participation of Head Start staff selected for the focus group.
11. Head Start shall, contingent upon Head Start approval of the products and the availability of funds, assume responsibility and make the arrangements for the duplication of the products developed under this Agreement and the dissemination of these products to every Head Start program in the nation. Head Start shall duplicate and disseminate the products that result from Phase I and, if Option I is exercised, from Phase II of the project.

HOUSING/CHILD CARE

INTERAGENCY AGREEMENT
BETWEEN
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
ADMINISTRATION FOR CHILDREN AND FAMILIES
AND
THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT,
OFFICE OF PUBLIC AND INDIAN HOUSING
March 1992

PURPOSE

This agreement transfers funds (861/30162 and 862/40162) from the Department of Housing and Urban Development's (HUD) Public Housing Child Care Demonstration Program to the Department of Health and Human Services' (HHS) Head Start Bureau. This Agreement also establishes the terms and conditions under which these funds are to be awarded to current Head Start grantees, Resident Management Corporations (RMCs), and Resident Councils (RCs) for the purpose of enabling these grantees to establish centers and/or family day care homes which will provide full-day child care services in or near Public and Indian housing developments in order to facilitate the employability of parents or guardians of children residing in Public and Indian housing developments.

DESCRIPTION OF SERVICES

Applications for the funds made available under this Agreement must be current Head Start grantees providing part-day child care services or RMCs/RCs that wish to establish full-day child care services at a particular site located in or near a Public or Indian housing development. Current Head Start grantees, RMCs, or RCs may decide to directly operate one or more full-day child care centers or family day care homes or they may establish a cooperative agreement between themselves or other non-profit agencies supported by the local Public Housing Agency (PHA) or Indian Housing Authority (IHA), which will operate one or more full-day child care centers and/or homes.

AREAS OF RESPONSIBILITY

A. The Head Start Bureau shall:

1. Designate a person at Headquarters who will be responsible for liaison with HUD's Office of Public and Indian Housing (OPIH), Office of Resident Initiatives (ORI).
2. Develop and provide to ORI for concurrence a Federal Register announcement, which will announce the availability of funds and solicit applications from current Head Start grantees and RMCs/RCs.
3. Request recommendations from HUD for representatives to participate on panels to review and score applications for this demonstration effort.
4. Have final responsibility for awarding transferred HUD funds to current Head Start grantees and RMCs/RCs.
5. Provide quarterly feedback to HUD's OPIH on the implementation of this Agreement.
6. Serve as principal agency for collecting data from grantees receiving funding awards under this agreement to assist HUD in assessing/evaluating the demonstration effort. To the extent possible, HHS Regional staff will monitor grantees that fall within the Head Start monitoring schedule. Monitoring of grantees that are not scheduled for HHS review will be monitored to the extent possible under informal arrangements by either Headquarters HUD or Head Start staff.
7. Each HHS ACF Regional Office which has a Head Start grantee who is a recipient of these demonstration funds shall be kept informed/involved in the oversight activities of these grants. In providing oversight HHS/ACF representatives will consult with appropriate HUD Regional staff.

B. The office of Public and Indian Housing (OPIH) shall:

1. Transfer, early in FY 1992, funds (861/30162 and 862/40162) to the Head Start Bureau to fund as many current Head Start grantees, RMCs/RCs as possible for the purposes

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described in this Agreement.

2. Designate a person to serve as project officer or liaison for this effort who will provide expertise to the Head Start Bureau in the area of HUD's policies or regulations concerning the operation of full-day child care centers or day care homes within Public and Indian housing developments.
3. Assess/evaluate the child care demonstration effort.

C. Each HUD OPIH Region shall:

1. Designate a person as liaison who will consult and cooperate with the responsible HHS official in each HHS/ACF Regional Office directly involved in this demonstration effort to manage, provide technical assistance, and/or monitor the demonstration project.
2. Each HUD Office for Resident Initiatives Regional Office or Field Office which has a RMC or RC who is a recipient of these demonstration funds shall be kept informed/involved in the oversight activities of these grants. In providing oversight HUD/ORI representatives will consult with appropriate HHS Regional staff.
3. Assist the Head Start grantee, RMC/RC, if requested, in identifying other sources of funds to sustain the full-day child care program after the initial demonstration phase of this one-time funding.

D. At the national level, the Departments of HHS and HUD shall jointly:

1 Approve all public information releases regarding the full-day child care demonstration program.
2 Cooperate in the development and initiation of the demonstration program.
3 Develop, in coordination with Regional Offices, information on problems and successes of establishing and sustaining viable full-day child care centers and family day care homes in Public and Indian housing developments.

POPULATION DATA

STATEMENT OF WORK
BETWEEN
THE HEAD START BUREAU AND THE BUREAU OF THE CENSUS
INTERCENSAL INCOME AND POVERTY ESTIMATES PROGRAM
March 1994

The intercensal income and poverty estimates program at the Bureau of the Census has been established to provide updates of 1990 decennial census income and poverty estimates. As an integral part of this program the Census Bureau will provide estimates of the number of poor children under age 6 for all States. These estimates will be provided on a biennial basis along with a broad spectrum of income and poverty estimates for geographic areas that include States, all counties, and selected places having a population of 50,000 or more on April 1, 1990. Work on the program will begin in the Fall of 1994 with a goal of producing the first set of estimates for 1993 late in 1996.

SPECIAL NEEDS CHILDREN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEMORANDUM OF UNDERSTANDING
BETWEEN
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
AND
HEAD START BUREAU
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
February 1994

INTRODUCTION

The Administration on Developmental Disabilities (ADD) is the lead agency within the Department of Health and Human Services responsible for planning and carrying out programs which promote the self-sufficiency and protect the rights of the nearly four million Americans with developmental disabilities. The major goal of ADD is to work in partnership with State governments, local communities, and the private sector to increase the social and economic integration of individuals with developmental disabilities into the fabric of society.

The Head Start Bureau, ACYF, administers the Head Start program, which provides comprehensive early childhood services to over 720,000 young children and families through over 1,900 grantees and delegate agencies. Each Head Start program is required to make at least 10 percent of its enrollment opportunities available to children with disabilities. To provide services to preschool children with disabilities, Head Start programs collaborate with other agencies to ensure that these children receive services which meet their individualized needs and promote their inclusion in the full Head Start program.

The purpose of this agreement is to increase inclusion of children with severe disabilities in the Head Start program. The Head Start Performance Standards on Disabilities Services clearly state that children with disabilities cannot be denied placement in a Head Start program on the basis of the level or type of disability. For Head Start to be an effective partner in providing an educational placement for children with more significant disabilities, programs need information on planning and delivering appropriate services to meet the special needs of these children and their families. A partnership with the ADD provides Head Start with access to current information, and training and technical assistance resources to meet this goal.

SCOPE OF THE AGREEMENT

The immediate objective of this agreement is for ADD and ACYF to discuss and develop action plans for joint initiatives which improve the coordination of ADD and ACYF programs and activities in order to improve services to children with developmental disabilities, promote the integration of these children into the mainstream of society, and promote a better understanding of programs serving children with disabilities between the National Network of Head Start and the Developmental Disabilities Network.

Head Start and ADD will convene a work group consisting of field representatives and Federal staff to identify strategies for increasing both national and local level collaboration between Head Start programs and agencies working with children with developmental disabilities and their families. Under this agreement, ADD and ACYF agree to jointly develop and implement initiatives in support of the goals and activities outlined below.

Goal

To increase the inclusion of children with severe disabilities in Head Start programs.

Activities

Information Sharing and Networking: Staff from each agency will.

- provide timely information on agency activities related to services for young children with disabilities, and provide written materials, presentations, and information on new and existing resources developed by their agency which can help meet the above goal; and
- arrange opportunities for agency staff to interact with constituent groups from the Head Start and developmental disabilities communities to identify the most relevant means of promoting the above goal.

Identification of Needs: Staff from each agency will:

- share existing data sources and propose improvements in existing data collection procedures which could better inform our efforts to attain the above goal; and
- jointly work with the Office of Special Education Programs in the Department of Education to determine how their data might be used to better identify unmet needs and the barriers to the inclusion of children with more significant disabilities in Head Start.

Identification of Model Approaches to Services: Staff from each agency will:

- identify and describe the practices of current grantees who are implementing model approaches of inclusive services, examine the resources and strategies they have used, and disseminate information on these models to Head Start grantees and ADD programs; and
- explore joint funding of model projects which support inclusive Head Start programs for Head Start-eligible children with developmental disabilities.

Provision of Training and Technical Assistance: Staff from each agency will:

- provide information and direction to the training and technical assistance (T/TA) providers funded by Head Start and ADD so that they will share information and provide T/TA which promotes the inclusion of children with more significant disabilities in Head Start.

INTERAGENCY AGREEMENT
AMONG
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
OFFICE OF SPECIAL EDUCATION PROGRAMS
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
DEPARTMENT OF EDUCATION
AND
MATERNAL AND CHILD HEALTH BUREAU
HEALTH RESOURCES AND SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES
ADMINISTRATION FOR CHILDREN AND FAMILIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
THE MEDICAID BUREAU
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
THE NATIONAL INSTITUTE OF MENTAL HEALTH
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
PUBLIC HEALTH SERVICES
AND
THE SOCIAL SECURITY ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
CENTERS FOR DISEASE CONTROL
PUBLIC HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
August 1992

PURPOSE

The purpose of this interagency agreement is to coordinate resources to identify, evaluate, and assess children with disabilities from birth through age five to facilitate acquisition of appropriate available benefits and services as required in:

- The Head Start Act
- The Maternal and Child Health (MCH) Services Block Grant under Title V of the Social Security Act (SSA)
- Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the SSA
- Developmental Disabilities Assistance and Bill of Rights Act
- Individuals with Disabilities Education Act (IDEA)
- Section 8008 under the Omnibus Budget Reconciliation Act of 1989 (which added Section 1635 of the Social Security Act)
- The Anti-Drug Abuse Act of 1988, Title XI, Treatment and Intervention Programs, PL 100-690, and
- Section 475 (1) of the Social Security Act, as amended by P.L. 101-239, the Omnibus Budget Reconciliation Act of 1989.

The overall goal is that the special needs of children with disabilities (The term "children with disabilities" includes children who are blind. Therefore the usual wording for SSI, "children who are blind or have

disabilities" will not be used for purposes of this agreement.) are identified as early as possible in a context that has a positive impact on the family consistent with Executive Order 12606 - The Family.

BACKGROUND

The U.S. Department of Education and the U.S. Department of Health and Human Services joined forces in October, 1987, to foster interagency support for young children with disabilities and their families. The Memorandum of Understanding signed by agencies representing the Federal Interagency Coordinating Council (FICC) supports the implementation of PL 99-457, the 1986 Amendments to the Education of the Handicapped Act (now P.L.102-199 of the Individuals with Disabilities Education Act, IDEA), by initiating plans for "a national model" of interagency linkages. Specific activities of the FICC include: (1) providing assistance in identifying sources of fiscal support, and (2) fostering the development of working cooperative agreements among member agencies.

Recent legislation enacted by Congress (i.e., the Omnibus Budget Reconciliation Act of 1989 and the 1990 Title V Maternal and Child Health Services Block Grant), emphasize the need to identify children with disabilities and provide them with benefits and coordinated services through existing agencies and funding streams.

A judicial change which has expanded eligibility of children with disabilities is the 1990 Supreme Court decision, Sullivan v. Zebley which requires changes in the determination of eligibility for SSI disability benefits for children by the Social Security Administration.

The following principles are embedded within or are consistent with these executive and legislative initiatives and judicial interpretation of statute:

a. services should be family-centered
b. identification of special needs should be individualized and thus culturally competent
c. services should be community-based, occurring in accessible integrated environments
d. interagency coordination of resources should result both in better quality of services, (e.g., greater continuity of care), and a reduction in the costs of services, (e.g., the elimination of duplicate efforts).

These principles and activities provide a framework for this interagency agreement at the Federal level to support the provision of coordinated, integrated, comprehensive, interagency services at the State and local level. This agreement seeks to ensure that young children with disabilities and their families can easily access the benefits and services for which they qualify.

JOINT ACTIONS

Jointly, we will:

A. Coordinate to --

Promote the establishment of liaison at the local, State and Federal levels to improve the coordination and delivery of services for children with disabilities.

1. We will participate in joint planning for and joint implementation of Child Find efforts to identify every child with a disability from birth through age five.

   These efforts will be designed to:

   a. eliminate duplicative activities;
   b. facilitate sharing of assessment information which is needed so that services can be provided as appropriate within confidentiality requirements;
   c. result in appropriate referrals;
   d. provide caregivers of children with disabilities and the professional staffs that serve them with relevant information about available programs.

2. At the Federal level:

   a. Each agency will designate staff to be responsible for administering all aspects of this

agreement. The Federal designees will meet regularly to 1) review the progress of this Interagency Agreement and 2) identify future joint initiatives and other areas of collaboration.

b. As appropriate, we will issue: regulations, policy statements, resource listings, program information memoranda, directives to technical assistance providers, examples of best practices, demonstration grant opportunities and public information to foster the implementation of this effort at the State, regional and local levels.

c. We will jointly disseminate sample interagency agreements and information on quality indicators of appropriate practices regarding screening and assessment including reliability and validity of individualized approaches, cultural competence, use of native languages, confidentiality, and information sharing.

d. A mechanism will be established to receive suggestions, concerns, and recommendations from the field regarding Federal interagency policy, processes, and procedures which affect the efforts covered under this agreement.

3. In the planning for the coordination of early identification, assessment, and delivery of services at the State and local levels, we:

a. Urge the re-examination of policies and procedures which may delay the prompt identification of and service delivery to children with special needs.

b. Urge coordination of the financing of efforts to screen, locate, and evaluate all young children who may have special needs (e.g., disabilities, special health or mental health care needs or risk for developmental delay).

c. Encourage the establishment of systems to establish a continuum (prenatal through early childhood) of identification opportunities (periodic and intermittent) accessible to families which link primary referral sources to appropriate services in an ongoing manner.

d. Urge special attention to hard-to-reach families and those whose dominant language is not English in the creation of multiple opportunities for ongoing, culturally-appropriate and accessible identification and evaluation of children with special needs. This includes children on military installations, migrant, Indian, immigrant and homeless children and may include those in foster care, adoption and child protective services.

e. Encourage the creative participation of community-based advisory groups (e.g., parents, clinicians, public information specialists, private, non-profit, and professional associations) to develop and implement best practices in the identification, assessment, and evaluation of young children with disabilities, including enhanced referral capacity, exemplary strategies and materials suitable to the needs of the community.

f. Address the needs for training of personnel to carry out the coordinated screening, assessment, and service delivery efforts.

g. Encourage timely transfer of information at the local/State levels which will foster smooth transitions and continuing, comprehensive care for children with special needs.

h. Encourage co-sponsorship of community outreach efforts directed towards identifying possible SSI-eligible children, as well as those eligible for services from any HHS or ED agencies.

i. Encourage staff to serve on interagency councils and community based advisory boards concerned with the welfare of children with disabilities.

B. Promote access to evaluation, assessment, and services --

We will make it as easy as possible for parents/caregivers of children with disabilities to obtain appropriate services and benefits.

We will provide mutual clients with information about appropriate programs and make appropriate referrals; help them to negotiate the application process and continue to receive benefits and services for which they qualify (e.g. referrals, transportation, making appointments, accompanying them to interviews); and improve sharing of medical and nonmedical records and clinical observations.

C. Providing training --

We will increase the staff knowledge of participating agencies about available services and benefits through ongoing reciprocal interagency training.

We will develop joint training programs for personnel involved in early identification, assessment, evaluation and provision of services to children with disabilities and their families. Training opportunities will be available to both public and private agency personnel.

D. Support grants and model projects --

We will support the development of grants and models for identifying and evaluating developmentally vulnerable children and children with disabilities, and facilitating their access to appropriate services and benefits as early as possible.

We will support the development of models to demonstrate exemplary, family-centered, coordinated, comprehensive identification, assessment and evaluation of developmentally vulnerable children and children with disabilities. The models will demonstrate exemplary features such as (1) strong roles for parents in planning and in opportunities for participation, (2) parent information on ways to foster children's growth and development, and (3) the availability of resources such as immunizations and WIC.

E. Encourage coordinated technical assistance --

We will encourage the technical assistance providers supported by our agencies to share resources related to the identification, assessment and evaluation of children with disabilities and to coordinate the provision of technical assistance to those planning and carrying out the activities covered by this agreement.

Specifically, we will encourage coordinated technical assistance efforts among the following providers to share resources and to coordinate technical assistance related to the identification and evaluation of young children with disabilities: Regional Resource Centers, NEC*TAS and RESNA (supported by OSEP), University Affiliated Programs (supported by the ADD), TAGS (supported by SSA), RAPS (supported by ACYF); CASSP (supported by NIMH). The National MCH Resource Centers supported by MCHB; and others.

Each of the participating agencies has mandated responsibilities in the areas of coordination, access to services, training, support of grants and model projects, and coordinated technical assistance to address the needs of children with disabilities and their families.

The following are specific commitments by each participating agency in support of the action areas listed within this agreement.

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

COORDINATION

ACYF will require, through regulation, that each Head Start program (grantee, delegate agency) participates in coordinated planning and implementation of Child Find, including screening and assessment with, at a minimum, the local education agency (LEA), and will make concerted efforts to develop interagency agreements with LEAs.

ACYF will encourage the use of EPSDT resources by 100% of eligible Head Start children.

ACYF's Head Start Bureau will encourage Head Start programs serving children from 3 through age 5 to establish procedures to regularly and promptly share information gained form the Community Needs Assessment and the annual Program Information Report on their provision of services to children with disabilities with State Education Agencies (SEAs). Grantees will be encouraged to forward Child Count information to SEAs by December 1 annually. Parent and Child Centers and Migrant Head Start programs which serve children from birth through age 3 will be encouraged to share information on their services to infants and toddlers with disabilities with the lead agency under Part H of IDEA and with MCH and other agencies in order to better coordinate the delivery of services.

Information on numbers of children on waiting lists who have disabilities but who could not be enrolled in Head Start because of age, income ineligibility, lack of space, or because the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) does not recommend placement in the Head Start program will be shared with the lead agency, State Education Agency and other appropriate service

providers.

ACCESS TO SERVICES
ACYF's Children's Bureau will issue an Information Memorandum which will encourage State child welfare agencies to provide for the evaluation of young children with disabilities who are in foster care under the legal responsibility of the State.

Staff of ACYF's Children's Bureau, through meetings with State child welfare agency staff, will provide information which could be made available to parents, foster parents, child care institutions and adoptive parents about services available in the States under IDEA.

ACYF's Head Start Bureau, the Office of Special Education and the Maternal and Child Health Bureau will assist State Medicaid agencies in outreach. Head Start grantees will inform potentially eligible families about available EPSDT services and their benefits, and assist in scheduling, arranging and providing transportation to families who require it in order to use EPSDT services; and will assist Medicaid agencies in recruiting and retaining EPSDT providers.

TRAINING
- ACYF will encourage ACYF personnel at all levels to learn about SSI program requirements and application procedures so that they can assist grantees to help eligible children obtain SSI benefits.
- ACYF will provide training on screening and assessment procedures and instruments to Head Start programs through the Resource Access Projects. RAPs will endeavor to provide this training through jointly planned and sponsored conferences with other agencies.
- ACYF's Children's Bureau will include questions on services for children with disabilities in the revised child welfare program review guide for use in site visits to child welfare agencies at State and local levels.

ACYF's Children's Bureau expects to include information on children with disabilities in the forthcoming regulations on the Adoption and Foster Care Analysis and Reporting System.

MATERNAL AND CHILD HEALTH BUREAU

COORDINATION
The MCHB through the State Children with Special Health Needs (SCHN) agencies and with others from the public and private sector will facilitate the development of community-based systems of services for children with special health care needs and their families, and will work especially with State governments with a view toward assisting communities to develop service delivery systems.

ACCESS
The MCHB will work with Regional and local Social Security Administration (SSA) and State Developmental Disabilities Services to develop mechanisms for a reciprocal outreach strategy that will:
- Facilitate screening and referral of children with disabilities, including children who are blind.
- Expedite the DSSI application/disability adjudication process and the acquisition and sharing of disability-related and non-disability records and observations.

The MCHB through the State Title V programs, will assist State Medicaid agencies in outreach and informing potentially eligible families about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services available and their benefits.

The MCHB will examine the feasibility of a MCH Handbook for parents as a vehicle to reduce duplicated screening by multiple programs while ensuring comprehensive assessment which meet the legislative and regulatory requirements of the various programs.

The MCHB, in partnership with the American Academy of Pediatrics, will encourage the development of

an ongoing source of health care ("medical home") for all children to ensure continuous care.

TRAINING
The MCHB, through University Affiliated Programs, Behavioral Pediatrics, Schools of Public Health and other training programs will continue to provide long-term and short-term training and model development that will serve these children and their families.

GRANTS
The MCHB will emphasize through its various funding and policy setting mechanisms the need for standards, criteria and protocols to assure as far as possible that the early identification and assessment procedures in place at the community and State levels are acceptable and appropriate.

The MCHB, through its discretionary grants program, will continue to demonstrate and develop models for specific approaches to special populations; e.g., American Samoans, technology-dependent children, children with Pediatric AIDS, etc.

TECHNICAL ASSISTANCE
The MCHB will collaborate with other Federal agencies to share resources and coordinate technical assistance provided by National MCH Centers and Clearinghouses.

The MCHB will continue collaboration with other Federal agencies in working with technical assistance providers (e.g., NEC*TAS), (Georgetown University's Child Development Center) and in sponsoring national meetings (e.g., Partnerships for Progress).

NATIONAL INSTITUTE OF MENTAL HEALTH

COORDINATION
The NIMH, through a CASSP funding mechanism, promotes the establishment and coordination of interagency advisory and operational groups in which parents and professionals together work to improve and enhance existing services and, as necessary, develop new services to assist children with emotional disturbances, behavioral disorders and other disabling conditions. Within this context, CASSP encourages State Child Mental Health Administrators and other interested mental health professionals to participate in State and community level activities of the State Interagency Coordinating Councils.

ACCESS TO SERVICES
The NIMH promotes access to services by advocating development of comprehensive community based systems of care for children with or at risk of developing serious emotional disorders and their families. State-level systems improvement grants are provided to State Departments of Mental Health for this purpose; and in addition, NIMH is supporting the development of statewide parent networking projects in a number of States.

TRAINING
Through its Research and Training Centers and CASSP Technical Assistance Center, NIHM provides training to State Child Mental Health Administrators regarding appropriate roles for the mental health system to pursue in working with State Interagency Coordinating Councils and local communities to implement the intent of PL 102-119.

The NIHM, through University funded programs, provides training for mental health personnel and for providers of services to children with disabling conditions in the identification, evaluation and treatment of children who are at risk for or who are experiencing delays in psychosocial and social emotional development.

GRANTS AND MODELS
The NIMH makes available opportunities for demonstration projects which can include early intervention

and outreach services for children at risk for developing mental illness; mental health service demonstration on the planning, coordination and improvement of community services; and research on such services.

TECHNICAL ASSISTANCE
The NIMH provides a leadership role in the dissemination of information on mental health services for children, including young children with disabilities. Abstracts are provided for Institute-supported research related to children, birth to five, who develop or are at risk of developing behavioral and emotional disorders. In addition, the Institute makes available summaries of other related service system research and state-of-the-art information on training of mental health personnel to work with this population and provide early intervention services.

Additionally, the NIMH provides technical assistance through its CASSP Informal Information Exchange for States and other sources sharing information related to the implementation of Public Law 99-457 and through the CASSP Technical Assistance Center.

SOCIAL SECURITY ADMINISTRATION

COORDINATION
SSA will establish a coordinator for outreach to children in each Regional Office, and will provide the coordinator's name and telephone number to participating agencies. When SSA decides it is appropriate, it may designate a staff member responsible for outreach to children to work with State and local level agencies.

ACCESS
SSA's children's outreach coordinators will work with designated liaisons of other agencies to find children with disabilities and ensure that they receive all the benefits of SSA program participation for which they are eligible.

- SSA will work with other agencies to ensure that individuals who contact SSA to inquire about benefits for children with disabilities receive appropriate referrals for other benefits and services.
- SSA coordinators will work with other agencies to develop procedures that will make it easier for children with disabilities to participate in the benefits of SSA administered programs, particularly the Supplemental Security Income program.
- SSA will work with other agencies to develop strategies for the acquisition and sharing of disability-related and nondisability-related records within the requirements of confidentiality.
- SSA will make public information materials provided by other agencies and organizations that explain programs for children available in SSA offices.
- SSA will work with other agencies to disseminate public information materials about SSA program benefits for children.
- SSA will work together with agencies at all levels to develop and keep updated lists of community service organizations that provide benefits and services for children.

GRANTS
SSA will support the use of demonstration grants programs to develop exemplary models for ensuring that families/caregivers of children with disabilities obtain all appropriate, available benefits and services as early as possible.

SSA will share the results of demonstration projects targeted to disabled children.

TRAINING
SSA will provide comprehensive training about the SSI program for staffs of agencies that serve low-income children with disabilities and parent groups so they can identify potentially SSI-eligible children and help them negotiate the application process and continue to receive benefits for as long as they remain eligible.

LIAISON

- SSA staff will serve on interagency councils and community based advisory boards concerned with the welfare of children with disabilities.
- SSA staff will participate in community outreach efforts targeted to children with disabilities.
- SSA staff will develop local level interagency agreements to benefit young children with disabilities.

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

COORDINATION

ADD, through its University Affiliated Program, is building on a history of collaborative efforts with local, State and national agencies. They are experienced at interagency and interdisciplinary structures and are working to strengthen those structures to facilitate the effective implementation of quality training programs for young children with DD and their families. UAPs are creating positive changes in systems through interagency and interagency and interdisciplinary activities. Close coordination exists with ICCs, and other State and national advocacy and professional organizations.

ACCESS

ADD will seek to provide access to the diversity of children being served in early intervention programs by:

- Addressing the training issues that will enable professionals to meet the needs of infants and families representing ethnic minorities.
- Developing in-service materials specifically designed for training professionals in rural or urban communities;
- Training professionals to serve infants and toddlers and their families in various settings and;
- Tracking and serving infants with various needs and severity of disability.
- Creating positive changes in systems through interagency and interdisciplinary activities.

TRAINING

ADD will continue to assist University Affiliated Programs to develop training expertise in early intervention programs. In addition to the training grants currently in place, the number of UAPs will be expanded in geographic areas not currently having such a program to serve children with developmental disabilities and their families.

GRANTS AND MODELS

ADD will continue to support projects that increase the capacities and other resource of public and private nonprofit entities and others to develop a system for providing specialized services or special adaptations of generic services or other assistance which responds to the needs of the children with developmental disabilities and their families, and to enhance coordination among these entities.

TECHNICAL ASSISTANCE

Through the UAP Training Initiatives the primary purposes of technical assistance will be program development, better methods of delivering services, policy development, program evaluation and needs assessment activities. The key problem solving areas will be centered around prevention, early identification and/or intervention; educating and informing others about developmental disabilities. Community-based training will be provided through workshops, lectures, conferences and seminars. Information and models of best practices will be disseminated to other agencies providing services to children and their families.

THE MEDICAID BUREAU OF THE HEALTH CARE FINANCING ADMINISTRATION

COORDINATION

The Medicaid Bureau, HCFA, will assist HCFA Regional Offices and State Medicaid agencies to develop and maintain working relationships with other State and local agencies in order that EPSDT programs

both help reduce duplication of service and facilitate early identification and ongoing assessment of children with disabilities and special health needs.

Such assistance will include delineating interagency agreements which lay the groundwork for collaboration and best use of each agency's resources by addressing mutual objectives, responsibilities and services, including methods for:

- Early identification of children needing health services;
- Reciprocal referrals;
- Coordinating, providing, and/or arranging health services for recipients;
- Payment of reimbursement for services furnished;
- Exchange of reports of services furnished;
- Periodic review and joint planning for changes in the agreement;
- Continuous liaison between the parties; and
- Joint evaluation of polices that affect the cooperative work of the parties.

ACCESS

HFCA will work with State Medicaid agencies through ongoing communication channels (e.g., quarterly and annual meetings with the State Medicaid Director's Association, Technical Advisory Groups, and routine interaction of HCFA Regional Office and States) to assure that appropriate Medicaid services for children with special health care needs are provided in the most efficient and effective manner. We will make State Medicaid agencies aware of ongoing concerns raised by the Federal Interagency Coordinating Council about problems with the delivery and availability of Medicaid services, and will assist them in working towards their resolution.

TRAINING

HCFA will encourage State Medicaid agencies to work within the interagency agreements described above to assure that appropriate State agency staff in other programs are made aware of the Medicaid services being provided to children with special health care needs. This could include providing training sessions and information materials to those staff members and utilizing the expertise of the HCFA Regional Office Medicaid information documents and brochures. At the Federal level, HCFA will continue to educate staff from other agencies on the FICC about Medicaid and program activities ongoing at the State level.

GRANTS AND MODELS

We will assist and cooperate in the implementation by FICC member agencies of grants and models which are developed to assist children with special health care needs and disabilities.

TECHNICAL ASSISTANCE

When needed, HCFA resources include Medicaid maternal and child health specialist staff in each regional office, whose functions include both coordination with related child health programs and providing or arranging for technical assistance. Additionally, we can enlist the support of the Medicaid Maternal and Child Health Technical Advisory Group (TAG) which includes representatives from State Medicaid agencies. The MCH TAG meets regularly with a companion group of State Title V Maternal and Child Health program directors.

CENTERS FOR DISEASE CONTROL

The Centers for Disease Control (CDC) is charged with surveillance, and the implementation, of effective prevention programs based on sound, data driven epidemiologic principles.

The CDC through the Division of Birth Defects and Developmental Disabilities will promote the surveillance of childhood disabilities and birth defects within States; conduct epidemiologic investigations specifically related to the etiologies and risks for childhood disability; and implement etiology--specific programs to prevent disabilities, both primary and secondary.

As signatory to the Federal Interagency Coordinating Council (FICC) Agreement, the CDC offers assistance to States and other Federal agencies as follows:

COORDINATION

1. Assist States with development and evaluation of management information and tracking systems.
2. Require States that participate in cooperative agreements with the Division to collaborate with and contribute to the State Interagency Coordinating Council (ICC) and Child Find activities both in the planning effort and program specific implementation. CDC will assist agencies with cooperative agreements to develop effective interagency agreements which will plan and document that collaboration.
3. Encourage the development of linked data systems that will provide information useful for planning, evaluating and making etiologic inferences concerning disabilities.
4. Focus attention in each of the States on fetal alcohol syndrome (FAS) and other congenital alcohol disorders, encourage improved identification and surveillance of infants for prenatal exposure, and prevention activities for infants and addicted women.
5. Promote the development of birth defect surveillance and risk factor studies.
6. Require that agencies with Division cooperative agreements actively participate with advisory councils and committees at the State or local levels for the identification, evaluation and prevention of disability.
7. Assist States through cooperative agreements, grants, or technical agreements to develop effective public health capacity for the above.
8. Meet and collaborate regularly with other member agencies of the FICC both individually and collectively so as to complement the strengths of the other members. CDC will assign a division contact person.

ACCESS

Programs of the CDC and its cooperating States will address the factors, both of a biologic and risk nature that can impede effective function and development, and they will foster access and the provision of culturally competent, geographically proximate, and coordinated professional care of high quality.

TRAINING

The CDC will work with fellow agencies of the FICC to fully understand the programs and resources offered by those agencies and will develop conferences and other training opportunities for discussion and fuller understanding of the full scope of childhood disabilities and their prevention. We will inform the FICC members of the specific programs of the CDC, including the health role in the prevention of mental retardation, at regular FICC meetings or other scheduled sessions.

GRANTS AND MODELS

The CDC through grants and cooperative agreements will encourage the development, evaluation and dissemination of:

a) models of disability surveillance, data linkages, tracking/follow-up systems, and interagency collaboration;
b) specific models to prevent alcohol exposure of the fetus, FAS surveillance and early intervention activities for the infant with FAS; and
c) models to prevent mental retardation.

TECHNICAL ASSISTANCE

Members of the Developmental Disabilities Branch will regularly provide technical assistance to States and agencies with cooperative agreements in the development, implementation, evaluation and dissemination of models; surveillance methodologies; and epidemiologic research methodologies. Staff will also be available to assist other States and agencies in these areas.

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OFFICE OF SPECIAL EDUCATION PROGRAMS

COORDINATION

OSEP will continue to encourage the States to develop working collaborative relationships with other State agencies in order to reduce duplication of services and facilitate enhancement of the statewide system of early intervention services.

Through the State plan review process, OSEP will continue to encourage further work on interagency agreements to facilitate coordinated service provision.

Through State formula grant funds for infants and toddlers with disabilities (Part H), preschoolers with disabilities (619), and school-aged students with disabilities (Part B), OSEP will continue to facilitate the development of statewide systems of services to address each of these respective populations.

Through mandated Child Find activities in each of the programs, OSEP requires planning, implementation, and coordination of all Child Find activities statewide for infants and toddlers (birth through two year olds).

ACCESS

Through Federal monitoring of Part H, OSEP guarantees equitable distribution of resources so that all eligible children with disabilities and their families have access to early intervention services.

TRAINING

OSEP will conduct annual meetings of the Sate coordinators for Part H and 619, chairs of the State Interagency Coordinating Councils for Part H, and other staff from participating Federal agencies to discuss issues related to implementation of these programs, and changes in regulations.

GRANTS AND MODELS

OSEP, in sponsoring numerous competitions, will continue to provide discretionary funds for personnel preparation training, research, and model development that will serve these children and their families.

OSEP will encourage grantees to engage in interagency collaboration with other agencies and service providers to improve and expand services for children and their families. This effort will be particularly stressed in the Early Education Program for children with disabilities, which provides discretionary funds for programs for children birth to age 7.

TECHNICAL ASSISTANCE

OSEP will distribute public information materials provided by other agencies and organizations to State-level coordinators that relate to children with disabilities and their families.

OSEP will collaborate with other Federal agencies to share resources and collaborate technical assistance provided by the RRCs and the early childhood technical assistance providers.

Best practices models related to children with disabilities will be disseminated to other agencies. Data on the numbers of children receiving services, and those not receiving services, types and numbers of personnel providing services, environments in which services are delivered, etc. are gathered from the States annually and analyzed by this Office. This information is disseminated in the Annual Report to Congress of the Implementation of the Individuals with Disabilities Education Act.

OSEP staff will offer technical assistance to States: 1) in development of their State plans for Part H (birth through two) and 619 (special services to children with disabilities ages 3 through 5), and 2) to facilitate a "seamless" system of services for children birth to 5 in order to avoid gaps in services to children and their families.

OSEP staff conduct on-site visits to State agencies receiving funds for dual purposes: 1) to provide technical assistance in further developing the State programs, and 2) to monitor existing efforts in program implementation.

VOLUNTEERS

CORPORATION FOR NATIONAL
AND
COMMUNITY SERVICE
AND
ADMINISTRATION FOR CHILDREN AND FAMILIES
ON BEHALF OF
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES
June 1994

PROGRAM DESCRIPTION

The U.S. Department of Health and Human Services - Administration for Children and Families (ACF-ACYF) referred to in this document as the recipient Federal Agency, in cooperation with the Corporation for National Service (the Corporation), hereby agrees to provide a program that will enable AmeriCorps Members, while working closely with Head Start and other professional staff at each site, to provide additional care to children of migrant farmworkers and Native American Indians. AmeriCorps Members will also provide literacy tutoring and basic skills education to parents and older siblings; assist in conducting home visits to develop parenting skills; and help ensure that families receive needed health and social services.

RECIPIENT FEDERAL AGENCY RESPONSIBILITIES

A. GENERAL

1. The Federal Agency receiving this award agrees to be responsible for all aspects of this program including the management, oversight, operation and evaluation of the specified AmeriCorps programs. The Federal Agency will work closely with the Corporation in implementing this AmeriCorps program.
2. The recipient Federal Agency will implement the AmeriCorps program in accord with the National and Community Service Trust Act (42 U.S.C. 12501, et seq.), the Corporation's regulations (45 CFR 2510, 2513, et al.), the AmeriCorps National Direct Application and the terms of this agreement. The Federal Agency will not impose additional requirements on its grantees without prior approval of the Corporation. This does not preclude agencies from gathering financial or other data, in accordance with agency practice or implementing other agency procedures as long as such processes do not preempt Corporation requirements.

B. SPECIFIC

1. The recipient Federal Agency will issue any grants under this agreement in accord with the terms of this agreement and will administer these awards through completion of the AmeriCorps programs.
2. If the Federal Agency receiving the award is itself implementing an AmeriCorps program, then those provisions of the OMB Circulars which would not be applicable to a Federally run program are waived. This might include such items as accounting and financial management requirements. The directly operated Federal Programs may account for funds and expenditures in accord with normal agency practice.
3. The Federal Agency will assess technical assistance needs of the programs and coordinate with the Corporation in developing a strategy to meet those needs.
4. The Federal Agency will request funds and transfers of such through the Department of Health and Human Services' Payment Management System using the OPAC system and Government On Line services. The Federal Agency hereby agrees only to request and transfer advance funds for no more than quarterly needs. In accord with OMB Circular A-110, the Federal Agency shall provide advances to non-profit organizations conducting AmeriCorps® programs if their financial management systems meet the standards for fund control and accountability.

CORPORATION RESPONSIBILITIES

A. GENERAL

1. The Corporation will work closely with the recipient Federal Agency to help assure the quality of

the AmeriCorps programs and to reasonably accommodate the needs of the Federal Agency and the AmeriCorps programs for assistance.

2. The Corporation will provide access to technical assistance to the AmeriCorps programs as needed and agreed upon. Such assistance needs and provision will be coordinated with the Federal Agency.
3. The Corporation will coordinate with the Federal Agency, visits to AmeriCorps sites, assessments and evaluations of specific programs. Any problems or issues with specific programs or national AmeriCorps activities will be coordinated by the Corporation with the Federal Agency and the AmeriCorps programs. Any corrective actions or changes necessary for an operating program will be implemented through the recipient Federal Agency.
4. The Corporation will provide timely review and responses to requests for approval or issues that necessitate Corporation involvement.

JOINT CORPORATION - FEDERAL AGENCY ACTIVITIES

Within reason, the Corporation requires the Federal Agency receiving this award and its grantees to participate with the Corporation and other funded programs in initiation or launch ceremonies, meetings, other joint activities, etc. The purpose of these meetings may be to build National Identity, promote AmeriCorps objectives or participate in mutually beneficial activities.

VOLUNTEERS

INFORMATION MEMORANDUM
HEAD START VOLUNTEER PSYCHOLOGIST RECRUITMENT EFFORT
January 1992

PURPOSE
The purpose of this Information Memorandum is to provide information on the volunteer psychologist recruitment effort, and to provide direction to programs on the role of these volunteers in Head Start.

INFORMATION
In late 1990, the Administration on Children, Youth and Families began an initiative with the American Psychological Association (APA) under which APA volunteers were invited to work with local Head Start programs to provide free mental health services to children, families, and staff. To date, the response to this effort has been outstanding, with over 500 psychologists volunteering their services. A number of these volunteers are already working closely with local Head Start programs and making valuable contributions. The initial recruitment strategies are discussed in detail in the December 1991 issue of the Head Start Bulletin.

There are several types of services that volunteer psychologists can offer Head Start programs. For example, they can advise and assist in developmental screening and assessments, assist in providing special help for children with atypical behavior or development, and advise in the utilization of community resources and referrals. Volunteer psychologists can also conduct workshops and support groups for parents, become active members of Head Start policy councils or curriculum planning committees, or conduct research on the effect of the Head Start program on mental health of children and families. Programs may wish to survey staff or parents to determine which of these, or other activities, would be the most appropriate for their program. In any of these efforts, the volunteers should be viewed as a complementary community resource, rather than an extension of the training and technical assistance network that currently exists.

Psychologists who volunteer their services through APA receive a letter from ACYF thanking them for offering their time and professional expertise to the Head Start program and a Head Start orientation package. The package contains the brochure entitled Promoting Mental Health Through the Head Start Experience; the brochure, Head Start: A Child Development Program; a copy of the legislation authorizing the Head Start program; a statistical fact sheet; and the Head Start Program Performance Standards.

The current strategy for matching volunteers with programs is to have Head Start Bureau staff make a telephone call to psychologists who have indicated an interest in volunteering to provide them with information on how to contact their local Head Start program. The Head Start Bureau staff then notify the local Head Start program of any volunteers who have been referred. Programs are strongly encouraged to take the initiative and to contact the volunteers.

VOLUNTEERS

DAISY GIRL SCOUTS - A HEAD START ON LITERACY
MEMORANDUM OF UNDERSTANDING
BETWEEN
GIRL SCOUTS OF THE UNITED STATES OF AMERICA
AND
HEAD START BUREAU
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
OFFICE OF HUMAN DEVELOPMENT SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
January 1990

PURPOSE

The purpose of this Memorandum of Understanding is to promote coordination at the national, regional, and community levels between Girl Scouts of the U.S.A. and the Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health and Human Services, in order to: facilitate the transition from Head Start to membership and leadership in Girl Scouting; and to recruit girl graduates and parents before the end of the Head Start year and thus continue to enhance girls' development of self-potential and social competence through Girl Scouting.

BACKGROUND/ACTIVITIES

Through this Memorandum of Understanding, the Girl Scouts of the U.S.A. and the Head Start Bureau will join forces to promote and provide continuity for the development of girls' potential and adult leadership and literacy skills.

A. The Girl Scouts of the U.S.A. will encourage local Girl Scout Councils to:

1. Make presentations and distribute flyers, posters and publications to recruit girls and adults from Head Start into Girl Scouting.
2. Inform Head Start parents and staff about volunteer and paid positions in Girl Scouting and encourage their applications.
3. Support new volunteers from Head Start with leadership training, ongoing skill development, review and recognition.
4. Emphasize literacy throughout the Girl Scout program, providing age-appropriate and culturally sensitive activities for Daisy Girl Scouts "playing in the world of words" and offering special training to older Girl Scouts and other volunteers to lead pre-literacy activities.
5. Arrange meeting places in locations and settings that will be convenient, familiar and comfortable for girls and adults from Head Start.
6. Develop sponsorships for Daisy Girl Scout troops and arrange for individual financial aid to cover costs for Girl Scouts from Head Start families, when necessary.
7. Arrange for Daisy Girl Scouts uniform kits to be sewn by service groups or by older Girl Scouts, and to promote uniform exchanges at other levels.
8. Involve Head Start family members in Girl Scouting; including men as co-leaders, providing baby-sitting for younger siblings, placing older girls in other Girl Scout program levels and encouraging Head Start to suggest other organizations for young boys since Girl Scout activities are especially for girls.
9. Inform eligible families about Head Start programs and services, making referrals as appropriate.

B. The Head Start Bureau will encourage local programs to:

1. Arrange for Girl Scouts to reach families and recruit girls and leaders through Parent Policy Councils, Parent Involvement meetings and classroom and home contacts.
2. Encourage parents and staff to volunteer as leaders, trainers and consultants to enhance their ability to nurture children's growth and to increase their own leadership and job skills.
3. Help design and deliver training that builds on the Parent Involvement component and is sensitive to the circumstances of Head Start families.
4. Help to develop supplementary resources that build on the Head Start curriculum, emphasizing activities that will help girls to get "a head start on literacy."

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5. Provide access to Head Start facilities for meeting and training as appropriate.
6. Identify potential sponsors and community resources for financial support to Girl Scouts.
7. Provide contacts with service groups or job training programs to sew, provide uniforms, or for other projects.
8. Invite Girl Scouts to participate in Head Start programs and special events, and assist in identifying appropriate organizations for boys of Head Start families.
9. Inform Head Start families of the opportunities in Girl Scouting, making referrals as appropriate.

At the national level, the Head Start Bureau and Girl Scouts of the U.S.A. agree that:

1. Head Start and Girl Scouts will exchange information about their respective new initiatives, programs and activities developed to help break the cycle of poverty and illiteracy, especially those publications and program resources designed to ease the transition from pre-school to kindergarten and to develop pre-literacy skills that will help Daisy Girl Scouts to look forward to learning to read and succeed in school.
2. Girl Scouts and Head Start will invite each other's participation in conferences and special events to help reinforce coordinated efforts at the local level.
3. The Head Start Bureau will share information and reports with Girl Scouts related to special grants and projects designed to improve services for children and families with particular sensitivity to the needs and interests of girls from low income families.
4. Girl Scouts will encourage Head Start girl graduates to continue in Girl Scouting throughout their school years and to enjoy the life-long benefits from participation in a supportive environment which is part of a national network.

VOLUNTEERS

STATEMENT OF UNDERSTANDING
BETWEEN
THE AMERICAN NATIONAL RED CROSS
AND THE
HEAD START BUREAU,
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES,
OFFICE OF HUMAN DEVELOPMENT SERVICES,
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
December 1984

PURPOSE

The purpose of this statement of understanding is to promote coordination at the national, regional, and community levels between The American National Red Cross, henceforth known as the Red Cross, and the Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services, and to promote outreach to low-income families by making available to these families Red Cross programs in health, parent education, and nutrition, and by referring eligible parents to the programs and services of Head Start.

METHODS OF COOPERATION

In order for the Red Cross and the Head Start Bureau to promote coordination and outreach to low-income families, these two organizations agree to use the cooperative approach outlined herein. Both organizations recognize that because of variance in chapter size and local program resources it will not be feasible in every instance to carry out each term of this cooperative approach. The parties, however, agree to use their best efforts in carrying out these provisions in furthering the purpose of understanding.

The Head Start Bureau and the Red Cross agree that:

(1) Red Cross chapters will be encouraged to contact local Head Start programs to share information about courses and programs, such as nutrition, parenting, first aid, and other health-promotion and disease-prevention programs, available to Head Start parents, staff, and children, and to plan methods of implementation with the Head Start director.

(2) Local Head Start programs will be encouraged to inform parents and staff of local Red Cross health-related programs and services, such as first aid training, high blood pressure education, parenting courses, nutrition courses, child safety car seat loaner programs, and volunteer training.

(3) Red Cross chapters will inform eligible families about available Head Start programs and services and refer families to such Head Start programs when applicable.

(4) Red Cross chapters and Head Start programs will coordinate with one another and disseminate to Head Start parents and staff appropriate Red Cross brochures, flyers, posters, and other informational publications related to nutrition, family life, first aid, and other health-promotion and disease-prevention subjects.

(5) Red Cross chapters will inform local Head Start programs about Red Cross disaster services and assist Head Start programs in disaster preparedness planning and education, such as teaching Head Start staff what to do in the event of a disaster, teaching staff about children's reactions to disaster, and teaching children fire prevention.

(6) Head Start and the Red Cross at the national, regional, and local levels will exchange information about their respective new initiatives and programs designed to improve the nutrition and health of children and families.

(7) The Head Start Bureau will share information and reports with the Red Cross related to special grants and projects designed to improve nutrition and health services for children and families.

(8) The Head Start Bureau will coordinate with the Red Cross in the development of special initiatives related to the provision of health services to Head Start children and their families.

(9) This statement of understanding is not a fiscal arrangement nor a funds-obligating document. Any joint endeavors involving reimbursement or transfer of funds between the parties to this agreement will be handled in accordance with prescribed financial procedures and will be the

subject of subsidiary agreements that shall be effected in writing by authorized representatives of both parties.

(10) Releases to the press, public announcements, and communication with Congress concerning joint programs can be made by either party to this agreement following coordination by representatives of each party. Credit will be given to the Red Cross or the Head Start Bureau, as appropriate.

(11) The Red Cross and the Head Start Bureau will assign staff from their respective national offices to serve in a liaison capacity to assist in the review and implementation of this statement of understanding. The statement of understanding will be reviewed periodically, but not less than annually, and it may be amended as agreed to in writing by both parties.

OTHER PARTNERSHIPS

PUBLIC TRANSPORTATION SAFETY

INTER-AGENCY AGREEMENT
BETWEEN
THE OFFICE OF THE DEPUTY UNDER SECRETARY
FOR INTERGOVERNMENTAL AFFAIRS, BOARDS AND COMMISSIONS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
AND
THE URBAN MASS TRANSPORTATION ADMINISTRATION
U.S. DEPARTMENT OF TRANSPORTATION (DOT)

INTRODUCTION
This Agreement provides for the funding of the Department of Health and Human Services (DHHS) and Urban Mass Transportation Administration (UMTA), Department of Transportation (DOT), Human Service Transportation Coordination and Assistance Project. This project will provide: (a) technical assistance and a support structure that will service the needs of State and local DHHS funded programs that provide specialized and human service transportation services; and (b) a report to the Secretary of DHHS that will identify and assess human service transportation issues and needs at the Federal, State and local level and recommend actions and strategies that will effectively address the identified issues and needs.

This project will be conducted under the auspices of the DOT/DHHS Human Service Transportation Coordinating Council and overall direction of DHHS. The Urban Mass Transportation Administration will manage the project and it will select an UMTA grantee to conduct this project.

BACKGROUND AND PURPOSE
On October 24, 1986, DHHS and DOT entered into an agreement to work together to improve the efficiency and effectiveness of human service transportation services through better coordination of transportation services at the Federal, State and local levels. In order to ensure effective and coordinated administration of this initiative, DOT . DHHS established a Federal Council on Transportation Coordination consisting of representatives from staff and operating divisions of the Departments to implement this Agreement. Through the Council, DOT and DHHS have agreed to pursue the following objectives:

- Establish a regional coordination initiative that directs the Regional Directors of DOT and DHHS to develop regional, State and local specialized and human service transportation systems that serve the elderly, handicapped, economically and transportation disadvantaged persons;
- Identify and remove Federal barriers to effective coordination of transportation services;
- Develop proposals for disseminating information and promote best practices;
- Identify and promote the establishment of mechanisms and approaches for achieving coordination at the State level; and,
- Develop ways to increase competition and involvement of the private for-profit sector in providing specialized and human service transportation.

Through the Council, DHHS and DOT implemented a Regional initiative that is designed to involve the Regional Offices in the implementation of this Agreement; we have completed an analysis of barriers to coordination of transportation services and the issues/concerns relating to these barriers are being reviewed by DOT and DHHS. The Council is now ready to initiate a systematic and coordinated effort at the Federal level to share technical resources and information with program recipients.

SCOPE OF WORK TO BE CONDUCTED UNDER THIS AGREEMENT
DHHS will transfer funds to the Office Technical Assistance and Safety, UMTA, to be used for the service

of a UMTA grantee who will develop a specialized and human service transportation technical assistance and coordination program for DHHS funded programs that provide and/or coordinate transportation services at the regional, State and local levels.

In addition, the UMTA grantee will prepare for DHHS a report. This report is to be submitted to the DOT/DHHS Transportation Coordination Council for review and comment, Deputy Administrator of UMTA and the Deputy Under Secretary for Intergovernemtnal Affairs, Boards and Commissions for clearance prior to submission to the Secretary of DHHS. In brief, the UMTA grantee will undertake the following tasks:

1. Identify and establish a network of specialized and human service transportation officials, agencies and/or programs at the regional, State and local level.
2. Provide information and technical assistance to DHHS funded programs that provide and/or coordinate specialized and human service transportation programs.
3. Design and implement in consultation with DOT and DHHS a strategy that will result in the involvement of State agencies and/or programs funded by DHHS in the planning and implementation of: (a) State and regional Rural Technical Assistance Program, and (b) other UMTA and DHHS efforts designed to improve the efficiency and effectiveness of human service transportation.
4. Prepare and submit a report to the Secretary of DHHS that will: (a) identify and assess the specialized and human service transportation issues and needs; (b) the effectiveness of existing approaches being applied to address the issues and needs; and (c) recommend actions and strategies that will effectively address the identified human service transportation issues and needs.

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	1. Log No. ACYF-IM-93-10	2. Issuance Date: 3/18/93
	3. Originating Office: Head Start	
	4. Key Word: Transportation	

INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Transportation Safety

ACTION REQUIRED: Replaces ACYF-IM-82-01 and ACYF-IM-83-06

PURPOSE: The purpose of this Information Memorandum is to provide all Head Start grantees and delegate agencies with new information pertaining to the safe transportation of Head Start children.

BACKGROUND:

1) As part of its ongoing efforts to improve school bus safety, the National Highway Traffic Safety Administration (NHTSA) published proposed revisions to Guideline 17, "Pupil Transportation Safety," in the Federal Register for comment on May 17, 1990. Guideline 17 (23 CFR, Part 1204) contains recommendations to the States regarding various aspects of their pupil transportation safety programs. A copy of the final revisions, which became effective on May 28, 1991, is attached.

2) On October 26, 1986, Congress passed the Commercial Motor Vehicle Safety Act. The goal of the Act is to improve highway safety by ensuring that drivers of large trucks and buses are certified to operate those vehicles. The Act establishes minimum standards which States must meet when licensing drivers of commercial motor vehicles (CMV). The CMVs which fall under the standards include any vehicle designed to carry 16 or more passengers. A summary of the new Commercial Driver's License (CDL) program prepared by the Federal Highway Administration is attached.

APPLICATION: 1) In Guideline 17, NHTSA has recommended (1204.4.IV.) that "Each State...should have a comprehensive pupil transportation safety program..." Head Start grantees and delegate agencies are urged to contact the State Director of Pupil Transportation to obtain a copy of the State's plan for pupil transportation safety in order to determine if Head Start programs are encompassed by the plan. In those States in which Head Start programs are not encompassed by the State plan, we recommend that programs consider using the plan as a guide to develop their own pupil transportation safety procedures.

Guideline 17 also defines what is considered to be a school bus. Grantees need to be familiar with this definition, given the requirement in the National Traffic and Motor Vehicle Safety Act of 1966 that school buses be constructed in accordance with the Federal Motor Vehicle Safety Standards (FMVSS, 49 CFR 571). In obtaining vehicles to be used in transporting children to and from the classroom or related events on a regular basis, Head Start agencies are encouraged, in the absence of a State requirement, to purchase only vehicles which meet the FMVSS standards.

2) Drivers of CMVs must have the newly required CDL in order to drive after April 1, 1992. Head Start Directors are advised, if they have not already done so, to immediately contact the Department of Transportation in their State to obtain a copy of the Commercial Driver's License manual for the State.

Head Start programs should ensure that temporary or substitute drivers, whether other staff or volunteers, also obtain the Commercial Driver's License.

Joseph A. Mottola
Acting Commissioner

Attachments